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TWO PATHS OF SPIRITUAL GROWTH

CAROL R. MURPHY

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The silence of peaceful routine brooded over the long and dusty corridors of the convent school, broken only by the rustle of skirts and click of beads as nuns glided by to prayers or classroom. Suddenly the calm would be invaded by a hearty laugh, a full-throated Irish voice expressing joy in the fine weather or frank loathing of the pallid institutional food. The keen senses of one pinafored schoolgirl watched this intrusion of natural and unashamed emotion into the disciplined conventual atmosphere with surprise and delight, as if she had seen a bright-plumaged tropical bird flying through the wintry schoolyard. The schoolgirl's heart at once gave its allegiance to the lay music teacher whose vivid personality swept away the inhibitions of piety, and her memories became in later years symbolic to her friends and family of the clash between self-suppression and self-expression as ways of giving glory to God.

The way of the nuns is older than their Christian faith—it is as old as the first priesthood and as new as the next class of cadets at the Air Force Academy. It is not specifically religious; it is no more Roman

Catholic than it is Communist. It is a change of character through conformity, observance, and mortification.

Conformity begins at the outset of the way with a sharp separation from all that links the novice with the world from which he came, and all that distinguishes him from his fellows. It is a pouring into a mold. Hence the shorn hair and uniform clothes, the stereotyped behavior and military formations that impose a common pattern of officer and gentleman on the rough-hewn plebe, of brother or sister in Christ on the awkward novice. The distinction between rich and poor, lettered and unlettered, is wiped out in favor of a new hierarchy. The conformity must be more than outward. The armed forces aim at a discipline which, in the words of Army Regulations, "is that mental attitude and state of training which render obedience and proper conduct instinctive under all conditions." Loyalty is inculcated by traditional symbols and ceremonies: flags, bugles, parades, bos'n's pipes, swords, medals. But the armed forces are neither an ideology nor a religion, and do not strike as deeply at a man's individuality. Monasticism goes further, regulating the moral life, frowning on any "singularity" that draws attention to an individual or distinguishes him from the rest. *The Nun's Story,* by Kathryn Hulme, vividly describes the nuns' weekly confession of breaches of their Rule, which allowed for no excuses, and to which the watchful older nuns would add the mention of faults the penitent had forgotten. Sister Luke, listening to the impersonal voices of her elders, reflected: "She was, momentarily, no more than a solitary cell situated somewhere below speech level in a vast organic body which saw, spoke and thought for her and which cared for her with scrupulous charity while carrying her upward to an unknown place." One wonders how much charity could survive the gross temptation to cattiness this weekly *culpa* provided. There is certainly malice and uncharitableness in the uncomfortably similar "self-criticism" sessions of the Chinese Communists, the purpose of which is ideological conformity and the maximum amount of party activity.

Perfection in the observance of a rule of life is a holy thing in the eyes of followers of the path of self-suppression. The Jewish Torah is to the Jew no mere burden of moral and ritual law, it is a way of practicing the presence of God in his everyday life. Rabbi Philip S. Bernstein says: "In effect, law means the sanctification of all of life." The morning and evening prayers, the Sabbath candles, the dietary laws, the holy days, all are reminders to the Jew of the covenant of his people with God. The rabbis study the minutiae of interpreting the Torah with scholarly devotion. Similarly, members of monastic communities make a virtue of scrupulous obedience to their Rule, and obey their superiors as the representatives of Christ. *The Nun's Story* describes how it was considered an imperfection if a nun did not cut short her activity as soon as the chapel bell sounded. Older nuns who were perfected in obedience were pointed out to the novices as "living Rules." Obedience is, of course, a prime

virtue in the military life, and can be illustrated with many examples of sacrifice of life to the call of duty.

Such stern obedience leads to the mortification of nature, or asceticism, the third characteristic of this spiritual path. The nuns of *The Nun's Story* were warned that they were to lead "a life against nature," despite the Roman Catholic teaching that Grace builds on nature. They were trained to go through life with lowered eyes, undistracted by the small incidental joys of life: one nun was criticized for the imperfection of being "carried off by a bird song." More than this, monastic life emphasizes penance, which involves not only physical discomfort but humiliation. The life of the Trappist is frankly penitential in spirit. There is something of the ascetic call to heroism in the toughening process of "boot camp" training in the Marines, and of the call to humiliation in the traditional "hazing" of the plebes at the service academies. The observant Jews seem to be least ascetic, since they emphasize family life rather than celibacy, living in the world rather than in the cloister. Yet it is their theory of the psychology of sin and virtue which is at the heart of ascetic practices and which inevitably arouses conflict between impulse and control. Virtuous behavior is seen as a habit, and outward practice is relied on to work its way inward to alter the disposition. If you can't love your neighbor, treat him justly, and in time you will mend your attitude, say the rabbis. If you feel an antipathy to a Sister, do her a kindness, say the nuns. Hence arises the never-ending battle of self-control with the hydra-headed monster of unregenerate nature.

Once you suspect that goodness begins in the citadel of central motivation, you have attacked the way of self-suppression at its root. The way of self-expression is the reverse of the ancient monastic path. It proceeds from the inside outward. Instead of conformity, observance, and mortification, it offers self-discovery, freedom from rules, and rebirth.

Self-discovery, like monastic conformity, demands a separation from worldly ties, but in a more inward sense. The ties that are to be broken are those of all the do's and don't's that tend to overlay the experience of one's own individual needs and capacities. It is a breaking of man-made molds. This involves the facing of those aspects of the self which are usually hidden from awareness, the bringing to light of what Jungians call the "shadow," and making friends with it, for it contains energies needed for life. It also involves respect for one's genuine enjoyments. It is possible to start out on this path by asking oneself, as did an English psychologist, Joanna Field, what kinds of experience make one happy. She has told of her experiment in *A Life of One's Own* (available in a Penguin edition). "Was there not," she wondered, "a way by which a person could find out for himself what he was like, not by reading what other people thought he ought to be, but directly . . .?" She listed her frank likes and dislikes, to see what lay behind them, she listened to and wrote down the shy and

rebellious thoughts that lurked at the edges of her conscious mind. Whereas she had been treating thought "as a wayward child which must be bullied into sitting in one place," she now found that she had to "leave it free to follow its own laws of growth, my function being to observe its activities . . . but never to coerce it into docility." The only way to deal with her obsessive fears or worries was to "stop all attempts to be reasonable and to give the thoughts free rein."

The result of self-discovery should be inner unity and the development of individual capacities. The psychology of Jung has gone farthest in its emphasis on the sacred marriage of the complementary masculine and feminine elements in the personality, for which both religion and human relationships seem merely instrumental. At this point the Christian teaching puts the emphasis the other way: interrelatedness is primary, and individual integration comes second. The most modern thinking in psychotherapy sees relationship and integration closely allied. Only through the therapy of relationship can individual wholeness be achieved, and only the whole individual can love his neighbor as himself. Therapeutic relationship not only brings out the originality of the overconventional, it also helps to socialize the underconventional or psychotic person, thus providing a safeguard against the dangers of self-exploration.

The fulfillment of human nature in loving and being loved leads to the principles of freedom from rules and rebirth. Love becomes the fulfilling of the law. Love, and do as you please, wrote St. Augustine. Freedom need not await perfect love: "Sin bravely, and believe yet more bravely," said Luther, meaning that confidence in God's forgiveness is the foundation of the Christian life. In this state of freedom, the call of loving relationship comes before any legal or ritual observance, as Jesus' treatment of the Sabbath day was designed to teach. Freedom means frankness in all relationships. A patient in psychotherapy reported angry words with her daughter: " . . . We just both blew up at each other, and I just let her have it, and she let me have it. And I think it was very fine. I mean, no . . . hangover, no tensions, no nothing." And patient and therapist agreed that the relationship had come a long way: "To a point where you can either of you, I gather, be your real self in the relationship, and that is good" (from Rogers and Dymond, *Psychotherapy and Personality Change*). As Carl Rogers has said elsewhere, "It would appear that satisfactory ways of getting along with another can always be worked out, if the basis of the relationship is the real attitudes which exist" (Rogers, *Dealing with Social Tensions*).

The basis of rebirth, in turn, is the real attitude of understanding love as the center from which behavior comes. The reborn man may not have had a sudden conversion experience, and he may be far from completely transformed, but there is growing within him an ability to feel compassion for others, and to let down his defenses because he is founded on a deeper security than neurotic defensiveness can supply. Being thoroughly

social, he is not afraid to be individual, and as a real individual, he is not afraid to participate in the society of others.

The completely reborn are the saints of this earth, and true sainthood is aspired to by religious adherents of both self-suppression and self-expression. The conflict is over the way rather than the goal.

It is easy to see what criticisms can be made against the way of self-suppression. Jesus criticized its Pharisaical adherents for the spiritual pride that comes from living up to moral self-measurement and thanking God they were not as other men. He pointed out that the letter of the Law, as regards Sabbath observance or avoidance of sinners, interfered with compassion for human need. Sister Luke, in *The Nun's Story,* made the same point when she protested that obedience to the call to prayer destroyed opportunities for helping her patients' souls. Both Paul and Luther criticized this way because of the burden of guilt and scrupulosity it lays on those whom it can only punish because it is powerless to change. Protestantism in general criticizes the tyranny of group conformity. Community, a God-given thing, becomes demonic when it assumes absolute prerogatives over the individuals composing it. Psychotherapists point to the repressions as well as the suppressions of the monastic way of life. Repression is the failure to be aware of one's own feelings, which can fester in secret, and then exact their toll in terrifying experiences of inner darkness, like the one that overtook Monica Baldwin while walking down a street one night after she had left her order of contemplative nuns (*I Leap Over the Wall*). Suppression is less morbid, being the denial of expression to conscious feelings and urges. Chronic suppression leads to anxious self-watchfulness that defeats its intention. The psychotherapist would point to the experience of unselfconscious and unvirtuous enjoyment recorded in *The Nun's Story* when Sister Luke was isolated with TB in the Congo as being more healing to her soul than all the designedly religious discipline. Similarly, the moments noted in *The Sign of Jonas* when Thomas Merton unfeignedly appreciated the sight of an old mule cart or a catbird following a procession into the chapel refreshed his soul from the ingrown piety of his daily round.

The ascetic also has his criticism to make of the way of self-expression. The first charge goes by the formidable name of antinomianism. "This is moral lawlessness," the monk exclaims. "You condemn our communities as demonic; but what about the individual who takes his whim as being God's will for him, who says that because he has been 'converted' he can do without discipline?" He will point to the Montanists, or to men like the Quaker James Nayler, who at one time allowed his fanatical women followers to acclaim him as if he were Christ. It was this experience that made George Fox demand that every Quaker submit his inner leadings to the group consideration of his fellows. This raises a serious question indeed. How do we learn the will of God and test our insight into it? We cannot safely identify God's will with whatever we want to do;

neither should we identify it with whatever we *don't* want to do. In Tillich's language, we can see the falsity of autonomy or self-made law, and the falsity of heteronomy, the imposition of alien rule; and the only way out is to reach theonomy, in which the lordship of God is our own true freedom. It is worthwhile to note that Joanna Field's quest for a life of her own ended in "the gradual discovery and growth of a purpose which I did not know . . . My real purpose might be to learn to have no purposes."

The ascetic will then go on to remind us that great saints have come from the way of self-suppression. It embodies an ancient tradition which would not have survived if it had not produced results. The troubles of Sister Luke in *The Nun's Story* are mainly due to herself, the ascetic would say. She never felt one with the community; when she studied tropical medicine, or when she did a brilliant piece of surgery on a smashed leg, she never thought to say, "*We* did this, working together," but only, "*I* did this, though I ought to be ashamed of feeling proud of it." She tended to be overconfident in herself when all went well, and her prayer-life seemed to consist of laments to God in chagrin at her lapses. And her hatred of the German invaders of Belgium, while natural, was hardly supernatural.

To be sure, it may be replied, Sister Luke had her faults, as who does not; but it is all too easy for the unsuccessful doctor to blame the patient. Why did the community fail to develop a we-feeling in Sister Luke? How could such a censorious and hierarchical way of life be able to help any nun love her neighbor, let alone her enemy? Yet the fact remains that saintly personalities are produced in the ascetic way. Perhaps these saints, like Sister Luke, also came to a dead end; but they have found another way out. Having passed through a crisis in their wrestle with pious legalism, they emerge into the larger world of mystical experience, which gives them a sense of being rooted in a creative Center possessing freedom and power. Nor must one forget the role of the spiritual director in these cases. It was his wise understanding that provided the therapeutic relationship necessary for rebirth. Outwardly observant of the rules, the mystics listen, like Thoreau, to the sound of a different drummer. The Church has never been happy with its mystics, but it has tolerated them as long as they did not overthrow its ancient ways. No doubt many inwardly free people have accepted legalism as necessary to produce the psychological impasse which often precedes enlightenment. D. T. Suzuki quotes a Zen Buddhist master as saying: "Unless at one time perspiration has streamed down your back, you cannot see the boat sailing before the wind."

But is it necessary to waste years of one's life heading in the wrong direction just in order to learn that it is wrong? Are there not shorter ways? Our spiritual growth has been considered so weighty a matter that

experiment is deemed impious; but in reality the matter is too important *not* to experiment with. Tradition alone carries no validation. Think for how many centuries physicians bled their patients before someone dared to ask: "What would happen if we did *not* bleed a patient?" Only by learning from our failures and varying our methods can we find out whether our achievements have been because of or in spite of our traditional practices. Let us who are concerned with spiritual growth lead our lives as Joanna Field did, "not according to tradition, or authority, or rational theory, but by experiment." In time our experiments will lead to newly planned religious communities, new books of devotion, and new ways of worship unafraid to seek God wherever he may be found.

TRAINING AND THE MENTAL HOSPITAL CHAPLAIN

THE REV. ERNEST E. BRUDER

Director of Protestant Chaplain Activities at Saint Elizabeths Hospital, Washington, D. C.

Today there is an increasing interest in the relationships which exist between religion and psychiatry. Nowhere is this more evident than in the mental hospital, where a growing number of chaplains are taking their place on the professional staff. In a study on "Protestant Religious Work in Mental Hospitals" by Seward Hiltner, published in 1944, only thirteen mental hospitals reported having full-time chaplains, and less than half of these chaplains had any specialized training for their work. Of the 53 part-time chaplains at work in hospitals at that time, a large majority gave no more time to their duties than to conduct a Sunday worship service.[1] In 1948 the Association of Mental Hospital Chaplains was formed with 26 charter members. In 1955, seven years later, the total membership of the interfaith Association of Mental Hospital Chaplains had reached 215. Of this number, a great majority are full-time and have received some specialized training for their work, many of them with the two most recognized interdenominational groups concerned about such training in the country, the Council for Clinical Training, Inc., and the Institute of Pastoral Care, Inc.

One aspect of this growing demand for chaplains is that state systems are establishing criteria and programs for the selection of their chaplains on a *state level.* In California, Connecticut, District of Columbia, Illinois, Kansas, Maryland, Missouri, New York, Pennsylvania, Texas, Virginia, and others, boards of mental health or other committees have expressed interest and concern about the appointment of clinically trained chaplains for their state institutions.

Perhaps the most significant recent evidence of this trend is the Presidential Address to the American Psychiatric Association delivered by Dr. Finley Gayle last year.[2] In his address, entitled "Conflict and Cooperation between Psychiatry and Religion," he rightly drew attention to the grow-

Presented at the Annual Meeting of the American Psychiatric Association in Chicago, Illinois, Monday, May 13, 1957.

[1] Seward Hiltner, "Protestant Religious Work in Mental Hospitals," published by the American Protestant Hospital Association, 1944.

[2] Finley Gayle, M.D., "Conflict and Cooperation between Psychiatry and Religion," *Pastoral Psychology,* Vol. 7, No. 68 (November 1956), pp. 29-36.

ing uneasiness among many in both areas that the two disciplines will be pushed together too suddenly, especially when preparation for their meeting has been inadequate. Dr. Gayle repeatedly drew attention to what he called "the conditions under which effective cooperation can helpfully take place," and he made it abundantly clear that only specialized training for such a ministry, and a temperament suited to meet its demands, could constitute the grounds on which our two disciplines could work out our mutual concerns and differences.

As a mental hospital chaplain, I concur most emphatically with Dr. Gayle's observations. The plea for an informed and trained chaplaincy service is greatly needed in our day. I share the apprehension of some who clearly recognize that there are too many among us who would cry "peace, peace" when there is often insufficient understanding between the two disciplines to produce peace—or even to know when it does or does not exist. Now that the standards of the American Psychiatric Association list a clinically trained chaplain as a needed member to complement the psychiatric team,[3] I am apprehensive that much recruiting of chaplains is going on within state mental hospital systems and state councils of churches, with no awareness of the complex problem of training, standards, and accreditation that this whole process involves.

The American Psychiatric Association standards, in pointing up that "chaplains should have special professional training," and encouraging sufficient training to offer in turn "opportunities for specialized training to clergy and seminarians," recognize that such training is indeed possible. The standards of the Association of Mental Hospital Chaplains state that a chaplain "shall give evidence of the satisfactory completion of a period of specialized training and experience in the mental hospital chaplaincy approved by a recognized organization." The Council for Clinical Training, Inc., also mentioned in the American Psychiatric Association standards, not only offers clear-cut standards for such training, but accredits both chaplains and institutions for such programs. At the present time this nationally known organization has accredited some 42 separate training institutions in the United States from coast to coast, 25 of these in mental hospitals.

It is to the Protestant clinical pastoral training program, offered in one of these Council for Clinical Training accredited institutions, Saint Elizabeths Hospital in Washington, D. C., that I now wish to draw your attention. It should be emphasized that while Saint Elizabeths does have a

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3 "Where possible, chaplains should have special professional training as recommended by the Council for Clinical Training, Inc., and the Association of Mental Hospital Chaplains," *Standards for Psychiatric Hospitals and Clinics,* published by the American Psychiatric Association, revised 1954, p. 24.

training program for Roman Catholic priests, this paper deals only with our Protestant training program.[4]

Clinical pastoral training can be offered on four levels, as reported in a recent article, titled "Clinical Pastoral Training," published in *Mental Hospitals*.[5] The two important levels which fall within the purview of this paper are the training of the Chaplain Intern and Chaplain Resident. Only brief observations need be ventured at this time about these two levels of training.

The *Chaplain Intern* level of training is designed for the man who intends to specialize in a hospital ministry. In order to qualify, he must have an undergraduate degree or its equivalent, a seminary degree, ordination, and some parish experience. Since personal temperament and disposition are highly significant in a chaplain, he must have been personally interviewed and recommended by a competent examiner appointed by the Council for Clinical Training before he is accepted for such training.

The basic concern of the internship year is to develop understanding and skill in the chaplain's pastoral functions. It centers about the patient and his perplexities in the realm of faith and morals, as the chaplain meets these in his pastoral counseling. Its focus is on the dynamics of interpersonal processes as the chaplain intern participates in the laboratory of interpersonal problems. This is achieved when, under the close supervision of a Chaplain Supervisor, the intern ministers to patients newly admitted to the hospital, physically and critically ill, pre- and post-operative, the bereaved, those with clearly marked religious concerns, or those who have been specially referred, in order to help them deal constructively with the anxieties inherent in their life-pattern, and accentuated by the illness situation.

The intern is able to extend this ministry on a wider level through participation in, and conduct of, regular sacramental services, worship services, funeral services, the preparation and use of worship messages for special occasions, participation in the patient's social and other group activities, and maintaining relationships with the patient's family, community clergymen, and staff members concerned about the patient.

On didactic levels, he attends regular staff conferences on both administrative and clinical concerns in hospital problems and patient rela-

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[4] The Roman Catholic Chaplains at Saint Elizabeths state that there are important differences in training because the Roman Catholic concept of the ministry is essentially different from the Protestant; and that a committee appointed by all of the Roman Catholic Bishops in America at their last annual meeting is studying all aspects of Roman Catholic chaplains' training, in relation to Roman Catholic theological, pastoral, and educational requirements. There has been a full-time Roman Catholic training program at Saint Elizabeths since 1952, and plans are being made to open training centers in at least three other hospitals.

[5] Ernest E. Bruder, "Clinical Pastoral Training," *Mental Hospitals* (November, 1956), pp. 25-26, published by the American Psychiatric Association, 1785 Massachusetts Ave., N. W., Washington 6, D. C.

tionships. There are assigned readings, opportunities for speaking to community church groups about the hospital and its work, and participation in the other aspects of the hospital's total teaching program.

The *Chaplain Resident* is in his second full year of specialized training. He is offered an opportunity to test and interpret his pastoral ministry in the hospital to fellow clergymen and seminary students while still under supervision himself. In this period of training, through additional clinical experience, he is helped to understand and interpret the history, meaning, methodology, and objectives of his own specialized ministry. It is this second level of specialized training which provides the greatest eventual benefits to patients, the hospital, the community, and the chaplain himself.

We can now discuss the value of such training for the hospital.

Religion means a very great deal to many people. It may not always be articulated as clearly as this, but that which lies at the heart of religion, call it what you will, is something few of us can forego. The question is not *whether* we have religious concerns, but *what* these concerns are, how much understanding we have, and what is being done about them. In this our mentally ill patient is very much like the rest of us, only more so. He is often so perplexed and confused and frightened about his basic values, his sense of direction, and the meaning and purpose of his life, that he is most receptive to an understanding kind of ministry.

Since the community resources for religious worship are not available to the hospitalized patient, the hospital has an obligation to provide the religious services often desired and demanded by the patient. By making available a trained ministry, the hospital adds another avenue of help to the patient by which he can work through some of the difficult problems in his living. Since concerns in the realm of faith and morals figure so largely in the patient's constellation of life-problems, it is a real opportunity on the part of the hospital to add the resources of religion to its therapeutic armamentarium. With this additional approach, we can then help the patient deal more realistically with the very problems that were instrumental in producing his illness.

However, such an approach obviously demands a highly specialized kind of ministry. This is particularly true for those patients who may have rejected or retreated from the kind of ministry they encountered in the community. It requires a ministry that is sensitive to the deep and anxious involvements of our patients, and yet at the same time is in itself so securely grounded in the central truths and affirmation of faith that it can bring forth a sound and healthy religious outlook. It is this kind of a ministry that will enable the patient to accept the religion of a healthy mind.

In a recent *Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital,* in which 122 former students were asked to

evaluate their training experience in their subsequent professional and personal lives,[6] more than 50 per cent of those responding felt that the most significant contribution of the training was their feeling that it contributed markedly to their self-awareness or understanding of interpersonal relations. Obviously, self-understanding is a by-product of the experience: it cannot be achieved in training if it becomes the main goal of the training experience. The primary goal of all levels of clinical pastoral training is an attempt to understand the needs of the mentally ill patient through a pastoral ministry to him. However, often the by-product of a given objective can be as meaningful and fruitful, perhaps even more so, than the objective itself. This appears to have happened over the years in clinical pastoral education.

This has important implications for any ministry with people, be it in the hospital or in the community. Where the minister has achieved some understanding of himself and of how he operates with others, he is often able to recognize more adequately the needs of those to whom he ministers, and to meet these needs. We have learned that the trained chaplain finds it easier to share more of himself in seeking some understanding of the patient's experiences which resulted in his illness, and thus comes to be more accepting of the patient in the illness itself. It can and often does result in a more collaborative kind of relationship. We have found that the trained minister feels much less need to attempt authoritarian manipulations, even in the stated interests of a man's soul.

Such training provides the hospital and its patients with a chaplain who, by his understanding of dynamics, and the development of special skills, is reasonably free from the personal anxiety which is too often expressed in harsh, condemnatory attitudes in dealing with faith and morals. In the isolation of mental illness, acceptance from those around them is the most powerful force toward resocialization that we can offer the deeply hurt and troubled people in the hospital. This kind of acceptance, which I firmly believe can come only out of the self-confrontation achieved in the clinical situation under trained supervision, can be both generally and specifically valuable in all our work with people.

The conduct of religious services in a mental hospital cannot be treated indifferently. For those patients to whom their religious life is important enough to wish to attend religious services, the content of the service and the sermon are significant. Homiletics courses in the academic atmosphere of a seminary can rarely teach the deep understanding of human problems out of which can come a sermon that makes known the love and acceptance the mental patient has failed to find in his living. In evaluating their training experience, as it applied to their preaching, the most often repeated comment from our students was, "I learned to preach to the needs of

[6] Ernest E. Bruder and Marian L. Barb, *Survey of Ten Years of Clinical Pastoral Education at Saint Elizabeths Hospital.* Washington, D. C.: Saint Elizabeths Hospital, 1956. 98 pp.

people." Condemnatory and guilt-provoking sermons have little place in the community; they can do real violence to the patient in the mental hospital!

Patients for whom religion has had a deep, marked significance often find it easier to share their concerns with a minister. Here supervised clinical training is perhaps most essential. In a discipline often overburdened with an authoritarian attitude, it is gratifying that theological students in clinical training said over and over, "I learned to listen." The chaplain in a mental hospital is unavoidably involved in many counseling situations. It is as essential for him to have the necessary training to deal with these situations as it is for any other professional member of the hospital team.

In addition to the distinctly pastoral and religious ministry which the chaplain offers, he can also, if trained, make a significant contribution to interdisciplinary collaboration. This is particularly important in collaborative treatment. The trained chaplain is able to discuss the treatment program of a patient with other members of the psychiatric team in informed and commonly understood language. Not only does he participate in the total teaching program of the hospital, but he is able to offer constructive suggestions on religious involvements where patients, relatives, community clergymen, and staff members are concerned. This becomes particularly important in such questions as a patient's desire to change his religious affiliation, cooperation with community clergymen visiting hospitalized parishioners, setting up an adequate Protestant hospital worship ministry, dealing with religious elements in the community at variance with hospital treatment programs and philosophy, disposition of well-meaning evangelistic attempts through literature and visiting, volunteer programs, the most effective use of church resources in aiding the patient's return to the community, and integrating the religious program into the total treatment plan of the hospital.

These are a few of the many and obvious benefits to the patients and the hospital community from a trained chaplain on the staff. Another extremely important consideration is the professional man's obligation to teach others in his profession. Only a trained chaplain is able to offer his fellow clergymen the kind of understandings and interpretations demanded in the learning situation. When the hospital chaplain is qualified to offer such training to others, this guarantees that other hospitals will find training resources for the clergymen they seek to appoint to their own staffs. This will also meet the increasing demand from theological educators convinced of the invaluable contribution clinical pastoral training can make in preparing a man for the community ministry, corroborated by the survey quoted earlier. It will also make available to community clergymen, not themselves trained in this specialty, some basic understandings whereby they can more effectively minister to their parishioners when they become mentally ill.

Some psychiatrists have voiced a concern that if they were to employ a chaplain full-time in their hospitals this might in some way lessen the hospital's contact with the community through a possible loss of clergy visitation. This does not necessarily follow; on the contrary, the reverse is often true. Where the hospital has a trained clergyman on its staff, and especially where this chaplain offers part-time community clergy training programs, there is an increase of visitation on the part of the community clergyman to his hospitalized parishioner. This, of course, has obvious benefits. Not only does it encourage clergymen to consult with the hospital chaplain about their parishioners, but it enables the hospital to provide for the kind of visiting patients need. In such visiting not only does the patient receive another much needed community contact, but he obtains it from a more informed source, and hence is likely to receive a much more effective pastoral and even sacramental ministry through such visits. In the last analysis, much as the hospital and the patient need the specialized skills of a full-time hospital chaplain, so also do both need the informed help of the community clergyman if we would effect our primary goal in helping the patient return to the community.

As stated earlier, clinical pastoral training programs can be offered on several levels: a part-time course for community clergymen on "The Pastoral Care of the Mentally Ill"; a twelve-week full-time program for seminarians and clergy preparing for the parish ministry; and advanced internship and residency levels leading toward an institutional and teaching ministry. With these programs, the hospital is able to expand an informed and helpful chaplaincy program to its patients. In limiting programs to no more than six full-time students assigned to any one accredited Chaplain Supervisor, the multiplied expansion of a training ministry by students can be carefully controlled and maintain its quality in an increased extension of a much needed pastoral ministry to patients.

While the primary goal of a hospital chaplaincy program is always to provide a trained ministry to the mentally ill, the trained chaplain can offer secondary benefits to the community in a number of additional ways. It has been shown that the minister stands, as it were, in the front line when it comes to dealing with emotional problems. As Dr. Robert H. Felix, Director of the National Institute of Mental Health, pointed out in a recent survey done in Phoenix, Arizona, 40 per cent of those responding felt they would turn first to their ministers for help with their emotional problems.[7] As one of the greatest known resources for understanding the problems which make for difficulty in our living together, the mental hospital has a distinct obligation to make available these understandings in helping the minister to deal with these problems, or to recognize his limitations and to refer such problems. It may well be that the sharing of

[7] Public Affairs Group, Survey Research Center, Institute for Social Research, University of Michigan, "A Study of Public Attitudes toward Mental Health Problems," Vol. I, September, 1950.

such understanding may provide one of the most significant contributions to the goals of preventive psychiatry.

We are rapidly becoming aware of the outstanding importance of community education. Nowhere is this more needed than in mental hospital-community relationships. Far too long we have been isolated from the communities we seek to serve, withholding from them the insights we possess, and enmeshed by the very stigma we deplore. This, as we well know, makes for almost insurmountable difficulty when we attempt to help our patients return to the community. We must struggle realistically with this problem, and one of the most effective means at our disposal within the next few years will be the community's avid interest in mental health and mental illness.

The trained hospital chaplain can be a real means toward effecting closer relations with the community. He is, of course, a frequent visitor in the community. He is called upon to lecture, teach, and preach in a variety of places. He is often consulted by community pastors and the relatives of patients. He can provide an admirable means by which a bridge of understanding can more effectively be built between the hospital and the very people who need to know what we have learned about the complicated processes we call human relationships.

One of the ways in which this goal can be achieved is in conducting what we have called a "Mental Health Institute." We have held two such institutes at Saint Elizabeths this past year as a pilot project. The first was for all the clergy of one denomination in the Washington area and was attended by more than 60 clergymen. The second was for 75 representatives of the women's organization in another denomination, who represented 336 churches with a total membership of 372,000. It was clearly stated in this second institute that it was our desire to have these women spend the day in the hospital with a view toward reporting to their individual organizations what they had seen and heard and learned.

It was our objective in the Institute to show these visitors something of what the hospital was like. This was done in part through a brief tour. They participated in lecture-discussion groups with the Superintendent, Dr. Winfred Overholser, on the concerns he as a psychiatrist has when looking at our mental health problems; with our Chief of Volunteer Services, Miss Evelyn Miller, on the training of volunteers and the personal gains achieved through volunteer service in the hospital; and with the chaplains of the three major faith groups on the religious ministry to patients while in the hospital and our concerns as chaplains when we look at the church and its relationship to mental health. The women were guests of the Superintendent for luncheon, where we provided opportunity for hospital staff members to talk informally with our guests at small tables, with the primary objective of encouraging questions about the hospital, its treatment program, its problems, and its relationship to the community.

We have received a most enthusiastic response. A gratifying number of the participants have written letters, both to the Superintendent and the chaplains, expressing appreciation for this opportunity to learn about the problems of mental illness and the hospital's attempt to deal with it, and how they as members of the community can help. We have not yet been able to measure the effect of what was done; perhaps we never shall. But according to the many women who have told us of their efforts to obtain quantities of the literature samples we provided, to join their local mental health societies and to encourage others to do so, and to speak to their individual groups as we intended, we feel that this was a worthwhile venture in breaking down the barrier of fear which is still so prevalent between the hospital and its community.

It is our strong feeling that with the inevitable future demands and pressure from the community for mental health education, our mental hospitals will be looked to for progressive leadership in this demanding field. And this is as it should be. A hospital chaplain, trained to offer training to other clergymen and community groups, can become a leading figure in both developing and conducting such programs. He thus becomes an indispensable agent in helping to make available what the hospital has to teach, to a community anxiously eager to profit from these understandings.

Conclusion

In conclusion, it must be emphasized again that the training of a mental hospital chaplain has as its basic objective a more adequate pastoral ministry to patients in the hospital. Important as the other concerns already mentioned are, they take second place to this objective. As in other professional disciplines, so in the ministry, the hospitalized patient requires carefully *trained* and specialized attention from those who seek to be of service to him. He must not be given less. Hence, it becomes imperative that *no official responsibility* for the care of the sick be given to anyone not in some measure trained for the job. Every profession working in the clinical situation recognizes that the academic training in the university situation is insufficient to provide the insights found in the "living human document," so essential to clinical treatment. The ministry can and must be no exception to this principle. The standards of the Council for Clinical Training, Inc., requiring at least one full year of clinical internship before a pastor can be accredited as a hospital chaplain, represent the minimum acceptable standard. That these standards will be raised is an undoubted eventuality when we consider all the understandings and skills that at present are available by way of training. The great needs of our hospital patients and the community from which they have come, and to which they must return, will inevitably drive us to become more adequately trained in order to render the service required.

When other areas of service are opened to the chaplain, through his

specialized training and understandings, he can offer a more effective religious ministry. A mental hospital, with its population made up of so much social and spiritual suffering, must offer more avenues of service than just the immediate treatment of the patient. Hence, when training opportunities are available to the chaplain, it will often be found that the individual seeking such a position will, by temperament and sensitivity, be the kind of person to make possible not only a more efficacious religious ministry in the hospital, but the more expanded benefits of community relations and preventive psychiatry.

As in most new fields of endeavor, the mental hospital chaplains and others concerned with chaplaincy standards are currently struggling with the problems of definition and common understandings with regard to "adequate training." While the standards and information available at present are admittedly inadequate, we look forward to the time, in the not too distant future, when our own understandings will be sufficiently clarified for collaborative evaluation with members of the other disciplines.

SPIRITUAL AND FAITH HEALING

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Healing has been a major interest of man since he first became aware that techniques, devices, incantations, rituals, and finally medicines of every sort had the power to alleviate, and sometimes to dispel, his disturbed functioning. Faith in the techniques of healing, from their beginnings in magic to the present-day scientific devices, has always played a more or less crucial role in the healing process. Prior to a rational understanding of disease processes, healing was largely a matter of magic, mediated by individuals with charismatic qualities. The magician or Shaman or witch doctor attempted to control and direct the magical forces through a variety of rituals and incantations which were designed to affect both the sick person and the gods. As the knowledge of man and the conceptions of disease grew, more rational healing methods were also devised. While ignorance of the nature of disease processes prevailed, any system or technique which relieved discomfort merited esteem equal to that held by the prevailing scientific system. Healing, originally in the hands of special "healing men," became institutionalized in the religious systems in the hands of the priests. It was only with profound discoveries in the medical sciences that healing was separated from the priesthood and put into the hands of specially trained medical practitioners. This development was made possible only through a series of discoveries and an enrichment of man's psychological functioning that permitted a rational approach to the attack upon disease processes. As the knowledge of man increased, physicians replaced priests, and more rational techniques replaced the religious healing techniques.

This brief review of the healer in human affairs applies particularly to the healer of organic disease processes, since until seventy-five years ago practically all progress in the science of medicine was limited to an enlightenment with regard to these diseases. From that time, the priesthood relegated the function of organic healing almost entirely to the physician. The separation of the organic from the functional was therefore only a recent development.

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In the past seventy-five years rapid development in the science of psychology has opened up the possibilities for a more rational attack on the non-organic, or functional, diseases of mankind. Coincident with this development there has been a revival of interest in non-medical groups in the healing process, focused primarily upon the non-organic diseases.

In this brief introduction, I wish to point out that healing never was the sole concern of the sciences, and is not so today. Until science can supply the answers to man's pathological processes, other answers are sought, whether they be in the realm of magic or in more highly developed spiritual techniques. As more exact information becomes available, less rational techniques are replaced by more specific, rational techniques.

In examining faith healing, it is necessary at the outset to attempt some distinction between faith healing and spiritual healing in order to separate the operation of the process of faith in valid, moral, and humanistic values from faith in questionable values arising from ignorance, superstition, and naivete. This is the difference between man's need for magic and magical solutions and his more enlightened search for higher ethical and spiritual values. One quest recognizes man's needs and limitations, while the other exploits only his needs. One is a procedure of magic couched in religious terminology, while the other is "faith which is a state of being grasped by ultimate concern" (Tillich).[1]

In order to exist one must have faith. The crucial question is, what is worthy of our faith? Although the distinction made above is a little vague and indefinite, it attempts to distinguish between activities that are more exploitative than spiritual, and degrading rather than benevolent and uplifting. A more precise distinction is hardly possible since this whole issue resides in the borderland of human knowledge and experience. However, our attempted distinction may assist us in our efforts to study those forces in man and in nature which so profoundly affect him.

Faith healing implies healing through the application of faith or belief or conviction in the healer. All healing is of this kind. However, this term is often applied to healing which has taken place when medical science plays a small role and faith in the healer plays the major role. (By "faith" here I refer to the firm belief in what another states or affirms simply on the ground of *his* veracity.)

Spiritual healing is healing which occurs through the agency of spiritual forces, either by the intervention of man or by his mediation, but produced entirely by divine action. Dr. Leslie Weatherhead, a British healer, says: "I keep the phrase 'spiritual healing' for the kind of case where a spiritual factor is the therapeutic factor."[2] The two names, "faith healing" and

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[1] Paul Tillich, "Existentialism, Psychoanalysis, and Christianity," unpublished manuscript, 1956.

[2] Leslie Weatherhead, in *Spiritual Healing Seminar,* Wainright House Publications, Rye, N. Y.

"spiritual healing," are often used interchangeably and are applied to healing techniques of the most extreme, irreligious nature. Such activities have been seriously considered and even accepted in church circles simply because they were based upon faith.

Faith Healing

In the category of faith healing, we find two extremes. On the one hand, there is a minimum of faith and a maximum of rational and empirical techniques employed, while on the other hand, and at the opposite extreme, there is a complete reliance upon faith, without the use of any rational or recognized therapeutic tools except those designed to enhance or encourage faith in the healer.

Least Faith. In this category we would include all the drug and physical therapies which are based upon a scientific validation of the causal agents or disease processes. The rational psychotherapeutic and psychoanalytic techniques are based upon the maximum available scientific conceptions in psychology. In this category the personal characteristics of the healer play a minimal role. The need and desire for help play a minimal role in the ultimate benefits derived from the process. The techniques and specific agents derived from scientific sources play the major role. This is particularly true in the organic diseases, while some psychotherapists would deny it in the realm of the psychological diseases.

Most Faith. In this category we must include a variety of healers and healing techniques which are irrational and rely on magical devices and mystical rationalizations. In some instances religious spiritual elements form part of the healing process, but the healers of this category rely largely or exclusively upon the development of faith based on established psychological techniques rather than on spiritual experience. Some of the healing situations are frankly quackery and big business enterprises. The healers include some well-known individuals who maintain their influence either through personal charismatic qualities or through identification with religious movements. This group also includes the individuals who deal in mind reading, astrology, tea reading, magical cancer cures, diagnostic machines, and crystal-ball gazing, as well as in healing.

The techniques employed in this category range from the charisma of the healer to the charismatic qualities of the ritual used. Frequently the healers involved are frankly psychotic and gain influence by the very extreme claims which they make. The rituals frequently draw upon well-established psychological techniques, but are designed to make the individual less critical and more suggestible, and emphasize the omnipotent, magical qualities of the healer. Some such healers attribute their powers directly to God with no explanation other than a direct intervention of God, while others use long, involved pseudo-scientific explanations in an

attempt to make their procedures more rational and less mystical. Others have involved, elaborate theories with psychic or physical explanations.

It is easy to be misled by some of these healers who use the language of religion but the practice of magic. For this reason I am inclined to include such persons in this group rather than in the group of spiritual healers.

Let us examine some of the individuals who belong to this category of healers. Reverend Carroll Stegall, in a study of Pentecostal healing, described the activities of William Freeman, Reuben Jones, O. L. Jaggers, and Oral Roberts, who, in a spiritual setting, use techniques which are somewhat suspect.[3] William Freeman, for example, uses very bright stage lights to encourage blind people in the belief that they can see. People with cataracts are brought onto the stage and, when faced with bright lights, are able to see shadows, and in the highly charged atmosphere admit to being able to see. The pressure of the audience, plus the reluctance to admit publicly to a lack of faith, forces the individual to claim a healing experience which on follow-up proves to be untrue. These are simple hoaxes. Oral Roberts, who claims to have a "healing right arm through which the power of God flows like a current of electricity," has private revelations from the Holy Spirit of the exact number of unsaved people in the audience. H. Graham Ikin, in her book on healing, reveals that thousands who claim to be cured by Oral Roberts return home with the same troubles they had when they left. When a group of ministers offered a thousand dollars for a single proof of divine healing, Oral Roberts declined to take up the offer.

O. L. Jaggers professes to be able to identify every unbeliever in his audience. This, he claims, is a manifestation of his divine contacts and enhances his healing skill. Many healers claim that their healing powers will extend over great distances, even when they do not know or see their clients. Oral Roberts has cards which such clients check and mail to him. These cards have boxes to be checked asking Roberts to: "1. Pray for my healing; 2. Pray for God to prosper me; 3. Pray for my loved ones to be healed." Many healers claim to heal without any contact. One need not even know that he is being healed. Sending a name, or a postcard, or listening to the television program, or being named by another person may suffice.

Healers such as these operate in large groups and use quite a variety of techniques. The audience is kept at a high pitch through inflammatory sermons or exaggerated claims or by scapegoating non-believers. Rhythmic music, dancing, and jerking are used for the same purpose. These people play on the ill person's fervent desire and expectancy to be healed. In addition, a screening technique is carried on which excludes certain categories

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[3] Carroll Stegall, Jr., and Carl C. Harwood: *The Modern Tongues and Healing Movement;* Western Bible Institute, Denver, Colo.

of illness and selects others. Because of the enormous acclaim and financial rewards involved in these operations, they are conducted as big business enterprises.

Let us examine a few who operate on a less grandiose scale and who have publicized their views through books, lectures, or public demonstrations. Some identify their powers as stemming from God, while others relate it exclusively to natural phenomena. Some have devised the most fascinating, unvalidated super-scientific explanations. Ambrose Worall explains his method through a most elaborate psychic scheme in which he distinguishes spirit from mind and the spiritual body.[4] He details thirteen methods which he uses, from education with respect to habits and posture to explanations for keeping the pelvis level and the spine in correct alignment. In addition, he treats people either by the laying on of hands or without contact and without the patient's having any knowledge that he is receiving therapy. He describes a typical example of his "therapy." In this instance, he speaks of treating a patient with a lump on her breast. "I held the growth in the fingers of my left hand. I came into alignment with the patient and was impressed to place my right hand on the back of her neck. Immediately the lump started to shrink and in fifteen minutes it had disappeared." He explains his technique by saying: "At first a little ball of light showed me where to put my hands. Now my hands seem to know exactly where to go." In treatment at a distance, he says, "the power flows like a cool stream from my solar plexis. Usually the sensation is that something in the form of a cylinder some 12″ in diameter seems to extrude from my solar plexis to a distance of 12 or 12½″. A force turns my body to focus the cylinder on the direction of the patient." He identifies discarnate spirits who impress him to do certain things. His wife, who is a psychic, has discovered several cases of discarnate spirits and has worked with him in exorcizing these spirits from several cases of "possession."

Agnes Sanford claims to be able to cure almost any disease.[5] She uses spiritual techniques extensively, but I prefer to list her as a faith healer rather than a spiritual healer since the essence of her technique seems to involve physical and natural means while utilizing and calling on the power of God to carry out her intentions. She has written a great deal about healing and, while in Washington, explained her technique in healing mental illness. She ordered the Holy Ghost to explore and heal the destroyed nervous tissue. However, in spite of her use of prayer and spiritual admonitions, she claims to heal people who are not religious. Her explanations involve physical theory, however, for she says: "The vibration of God's light is so very real that even a child can feel it, and it was my experiments with children that showed me the action of an invincible but

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[4] Ambrose Worall, in *Spiritual Training Seminar,* Wainright House Publications, Rye, N. Y.

[5] Agnes Sanford, in *Spiritual Healing Seminar,* Wainright House Publications, Rye, N. Y.

powerful light vibration shining from the Father of lights" (she makes frequent scientific allusions).[6] She has discussed this vibration which moves from her hands into patients' bodies with scientists who tell her it is like electricity of "high intensity, fine wave length with tremendous healing power." What is a "fine wave length"?

Elsie Salmon reports an interesting example of her healing which became known to her through voices in the patient's sleep, directing the patient to go to Mrs. Salmon.[7] She says, "We prayed together and I asked Christ to restore perfectly the leg. I made sweeping strokes down her spine and then took the withered, bent and paralyzed limb in my hands and looking into her face, I said 'There is no doubt in your mind that Christ can heal you?' No, she replied. Again I said, Christ my master, do your work and with these words the leg immediately straightened out before our eyes and the dead limb at once became filled with life." This technique reminds us of that of Agnes Sanford, who also calls on Christ to do his work. Christ works through their hands, and at their command.

Others, like Dora van Gelden, do not claim healing power, but simply the capacity to diagnose and delineate the diseased areas.[8] Miss van Gelden diagnoses by means of auras and color schemes which identify the diseased organ. She says different color schemes represent different organs and, in response to a question at Rye, New York, she said, "I can see a person's liver. That isn't too hard."

The attempts at explanation of the phenomenon of healing by these individuals have stimulated their imaginations in the physical realm as well as in the psychic realm. Michael Ash, in his recent visit to Washington, attempted to demonstrate the radioaesthetic (odic) force by means of a simple electroscope. This instrument has long been used to investigate magnetism, which until the discovery of electromagnetic forces was indeed a miraculous phenomenon. However, it is simply understood today. It was rather surprising, as well as somewhat shocking, to see this well-known instrument used in an attempt to explain a phenomenon which, if it existed, would revolutionize healing theory and practice. To accept this on face value today would necessitate putting aside centuries of knowledge of the physical world for the most simple-minded explanations based on no documentation, but only on the enthusiasm of the healer. Some healers have named this new force "odic force," claiming it to be an all-pervading energy emanating from the human body. All things conduct odic force, while loosely woven materials hamper its flow. It is increased by taking food, being in sunshine, and by general physical fitness (shades of orgone

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[6] A. Graham Ikin: *New Concepts of Healing;* Association Press, New York, 1956, p. 90.

[7] Elsie Salmon, in *Spiritual Healing Seminar,* Wainright House Publications, Rye, N. Y.

[8] Dora van Gelden, in *Spiritual Healing Seminar,* Wainright House Publications, Rye, N. Y.

energy). It is linked up with the ethereal aura described by psychics and thus energy enters the body at various power centers of the aetheric body, which overlaps the physical body. It accounts for the table-turning phenomena and, since it is discharged through the fingers, it accompanies the passes made by the healer. The power of prayer is explained in this way. Raynor Johnson, in his book, *Imprisoned Splendour,* says "certain prayers build up telepathic rapport between the minds of the agents (persons praying) and the mind of the patient, resulting in sufficient stimulation of the latter to undertake with renewed energy the process of healing and repair . . . Healing forces are operative at the etheric level which now becomes the level of rapport. The mind of the patient is not now involved, but the mind of the healer acts psycho-kinetically through the aetheric body of the patient to stimulate the body of the patient toward health."[9] This is a very interesting hypothesis, which not only introduces about two dozen new concepts which have never been established, but makes the explanation completely incapable of proof or validation.

In addition to the difficulties in getting documentation or clear proof of the healing claims of this group, we find the healers expressing the opinion that studies of these healing events impede and prevent the healing. Vivian Tenney, a physician and faith healer, says: "When one is being used by God for spiritual healing, the channel must be kept clear for the healing to flow through. Recording of the miracle blocks the free flowing of the healing power."

I make no pretense of examining the validity of these claims or the explanation for them. I want only to emphasize that they seem to me to have little to do with religion or spiritual experience, but rather that they represent something quite different and alien to the depth of experiencing characterized by the spiritual. Actually, they seem to be attempts to capitalize on the unsolved problems in our understanding of the physical world, problems which remain unsolved because of our ignorance and inadequate theory. Their explanations, like so many of the pre-scientific attempts at explaining natural phenomena, attribute divine sources to yet unknown forces. They move into the vacuum of our ignorance to rationalize their activities. Our ignorance of the physical sciences does not allow us to imply that unsolved problems rest in the domain of the psychic. These healers prey upon these unknown areas of science, using clairvoyance, sensitive psychics, psi phenomena, parapsychology, and occultism to explain their behavior. The confusion of this kind of healing with spiritual healing (as I see it) leaves the church open to the grave errors of a Bishop Usher and performs immeasurable damage in attempting to describe the natural world through spiritual sources or revealed doctrine. This type of healing uses the most superficial and exploitative aspects of spiritual language while making frenzied attempts to explain the healers activities through pseudo- and super-scientific explanations. In fact, they often appear to be more

[9] Raynor Johnson: *Imprisoned Splendour;* Harper and Brothers, New York, p. 160.

concerned with scientific rationale than are the pure scientists. In addition to making extraordinary claims, they ask to be excused from an examination of their methods and results.

Spiritual Healing

This type of healing implies healing within a religious context. It may be exclusively spiritual, that is, without medical or psychiatric assistance. I distinguish between two kinds of spiritual healing; one uses human agency to produce its effects; and the other uses religious symbols, relics, or shrines to conjure up, renew, or magnify spiritual feeling. In the latter type of healing, faith in the process and the divine agency replaces faith in the person of the healer. Cyril Richardson of the Union Theological Seminary distinguishes between two types, the charismatic type, or the magical healing power of a gifted person, and the sacramental type, in which the power is not in the person but in the holy tradition he represents. It uses the techniques of holy unction, laying on of hands, scriptural reading, etc.

Spiritual Healing Using Human Agency

Spiritual healing in the Pentecostal sects is an attempt to serve the situation as it existed in apostolic times by arousing the audience to high emotional pitch and encouraging the phenomena of speaking in tongues, seeing visions, and producing jerking, spasmodic movements having special magical significance. This type of healing procedure, however, is often capitalized upon by unscrupulous and ambitious men having some charismatic qualities. It then becomes highly suspect. Some of these people were discussed in the first part of this article.

Christian Science is a sect of Christianity dedicated to revive the lost elements of healing in primitive Christianity. Its followers are concerned not only with bodily healing but with total salvation. The Christian Science technique is to deny illness by considering it a delusion—an erroneous misconception of the real man. Christian Scientists claim that, since God created man in his own image, man is perfect, wholly spiritual, and incapable of sickness or sin. They do not believe in miracles and consider that everyone is capable of healing, not only specially gifted people. Healing occurs through prayer—but not a prayer of petition. Because of its radical metaphysical position, this sect rests wholly on the power of the divine spirit and forbids any medical scientific intervention with certain exceptions, such as fractures and obstetrical cases. Christian Science practitioners are simply more experienced members of the Church and serve as spiritual physicians. An interesting study of healing in the Christian Science Church was made by the Rev. Orlo Strunk, Jr.[10] He analyzed

[10] Orlo Strunk, Jr., "Motivational Factors and Psychotherapeutic Aspects of a Healing Cult," *Journal of Pastoral Care,* IX (1955), 213-220.

529 letters of testimony written by enthusiastic members of the Church. He found that membership consisted largely of urban married females, who turned to this sect for reasons of health. He says the relationship between patient and practitioner resembled somewhat the patient-psychiatrist situation. "In time this homogenization of motivational factors (ill health, etc.) evolves into a definite Christian Science *Weltanschauung,* in the framework of which all experience is interpreted; this leads, at times, to magical explanations and to the belief in the manipulation of cosmic forces."

Spiritual Healing Using Religious Symbols

Shrine healing, while it plays upon all the forces of magic, heightened expectancy, contagion, and suggestibility, operates by the expectation of the presence of a divine agency in the shrine in order to accomplish miraculous deeds. An examination of the validity of the claims of these shrines is not the purpose of this paper, but a comment of Leslie Weatherhead, a British faith healer, is apropos. He said, "I saw 10,000 people at Lourdes, and not one claimed healing."[11]

Vivien Tenney at Rye, New York, on March 25, 1954, said that Dr. Loret of Lourdes examined 1200 claimed healings and accepted only forty-nine. Ruth Cranston, in her book, *The Miracles of Lourdes,* presents some interesting details about apparently documented cases of miraculous cures attested to by an independent medical bureau.[12] Other famous shrines make highly touted claims as to their efficacy, but there are few validated studies of these claims.

Healing through Spiritual Uplifting

A third category of spiritual healing is the one that makes no special healing claims, but recognizes that "wholeness is Holiness" and strives toward a spiritual uplifting of man beyond the doctrines of a limited, restricted, and meaningless existence, and in so doing fulfills some of man's higher needs. This in itself is healing and does not require that the act be so described or that special techniques or rituals be applied. It is healing in its truest sense and complements and often makes possible scientific healing techniques. However, it is neither dramatic nor sensational and consequently it is the least spectacular. It is also the least open to abuse and in the long run will cause the least reason for apology, regret, and historical shame. This type of spiritual healing rests on the efforts of the ministry or other benevolent individuals who by their personal good will, generosity, or devotion to mankind, encourage and assist the individual to encounter and confront his problems. In this endeavor, healing frequently occurs, but the prime agent is the healed person himself. This type of healing lays the emphasis on the individual's exertions and efforts, using

[11] Leslie Weatherhead, *op. cit.*

[12] Ruth Cranston: *The Miracles of Lourdes;* McGraw, Hill, New York, 1955.

whatever assistance is available. This is in sharp contrast to the other varieties described above, where the healing is superimposed, requiring no participation, or the barest minimum of participation from the one who wishes to be healed. The job is done for him, by a merciful, omnipotent figure and he need only sign his name or state his desire to be healed.

Healing (or salvation, in theological terms) occurs when man overcomes his estrangement and accepts himself in his ambiguous state. Healing in its true sense means becoming centered in one's own essential existence, both physically and mentally.

Summary

A superficial survey of healing suggests that all healing involves some issues of faith. Rational scientific techniques are aided by, and often depend upon, trust in the benevolence of man and a supreme being. Some healing techniques depend exclusively on rational medical measures, while others depend entirely upon faith in the power of a divine omnipotent being to intervene and alter disease processes. The latter we might call spiritual healing. In the large heterogeneous group of faith healers we find those who rest on scientific, highly mystical and metaphysical foundations, often in direct contradiction to natural or physical laws. The work of this group is often confused with spiritual healing, to the detriment of the latter. Although inquiry should be directed to any reputable claim of healing, I believe that most emphasis should be placed on the least spectacular but most reliable agent of spiritual healing, the minister, who, by his devotion to the whole man, encourages his fulfillment as a natural, spiritual, and existential being. Skepticism should not discourage or stifle investigation into the factors involved in healings which are not comprehended by known forces or powers.

THE CLINICAL USE OF THE INITIAL RELIGIOUS INTERVIEW

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This paper is concerned with a description of the initial religious interview and will attempt to demonstrate its use in the clinical evaluation of the wards in terms of diagnosis and treatment planning. The interview material is gathered and presented from a specific point of view. It is not the function of the chaplain to duplicate the social history or to present a pseudopsychiatric summary. The initial religious interview is conducted, if at all possible, with every ward admitted to the Youth Authority's reception center-clinics. While its purpose is basically diagnostic or evaluative, it also enables the chaplain to become personally acquainted and allied with the ward as his or her spiritual adviser. The chaplain can thus assure the ward of his interest and discuss the availability of Youth Authority and community religious services. This dual task demands respectful and understanding relationships with the ward at the time of the interview.

To illustrate and clarify the diagnostic aspects of this procedure, the following interview is presented and discussed. This is an actual interview, with names, dates, and places altered.

Personal Religious History

Peter, age 14, attended the Midtown Methodist Church for the last two years. Previous to that time, he had gone to an unspecified Baptist church. The pastor of the Methodist church expressed interest in Peter and visited him while in detention. The pastor contacted the chaplain of the Northern Reception Center-Clinic in regard to Peter's situation. Peter states that, because of the pastor's active interest, he did not try to escape while in detention. He recalls the story of the crucifixion and also the birth of Jesus and then comments, "Everything Christ prophesied came true." He states that he was converted in 1946 by a missionary who visited the church. God is viewed as mighty and forgiving. God will forgive him if he does not repeat what he has done. God is different from his father. His earthly father dishes out punishment and then forgives. God

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forgives right away. He prays that, if he dies, he will go to Heaven and that God will take care of his parents. On occasion, he prays for his dog who is a very old dog, but the dog thinks that he is a pup. To sin is to go against the Ten Commandments. He feels that everyone is a sinner. He is still sinful, but God is forgiving him. In the incident which brought him to the Youth Authority, he states that he lost "mental control" and attacked a ten-year-old girl. He now prays for help to control his impulses and says, "I am now going in for religion." He can recall having one date. On this date, he went to the movies. While at this movie, the girl smoked but he didn't because his mother does not want him to smoke. He said that he had been involved in sexual play with a friend two years ago. He discussed this incident with his dad, who explained the meaning of it at that time.

Peter recalls the following dreams: He is with some friends in a club; they go riding in cars and then the cars run over him. In the second dream, he is in a van in the mountains with his mother and brother. They are attempting to catch a tiger in a cage. His mother pulls the tiger's tail, and he wakes up, hitting his mother.

Family Religious History

His mother attends church regularly. He thinks she is 47 years old; however, he is not too sure about her age, and she never discusses it with him. She frequently gets mad at him for fighting with his brother. After saying this, he says, "I wish I could go home. I would go to the services. I would help at home." Occasionally, he became angry with his mother, especially when she restricted him. He says that his father is an inspector who is away from home often. He attends church as often as possible. On one occasion, his father quoted scripture to him. It was: "If a boy doeth wrong, let the parents cast the first stone."

Reactions in the Interview

Peter displayed an over-all infantile mood. He wanted to please the chaplain and to comply in the interview. Anxious aspects were especially noticeable. Concern was manifested as we talked about his mother. Frequent changes of subject were noted as he talked about the father. Intense concern was present in relation to sexual impulses. Many shifts in association were noted and much of the material seemed to be of a fantasy variety.

Analysis

The analysis of this interview report reveals the distinctive elements of a religious interview as conducted by the chaplain. Three major areas are explored: religious activities; personal, social, and religious goals, values, and ethical motivations; and theological development.

In the area of *religious activities* the chaplain explores with the ward

the extent and intent of his or her participation in church worship and church educational programs. Educational programs would be such activities as Sunday School, youth activities, and confirmation. The parents' religious activity is also considered. As the religious interview is primarily focused on meanings, questions such as the following are the frame of reference for the interview: Is this activity a continuation of a long-standing family tradition? Is it conformity to a group or culture pattern? Do there appear to be compelling reasons why the ward attends church?—e.g., is he or she driven to church by a sense of guilt? If the religious activity is sporadic, with what kind of events or experiences is it associated? Is there a sudden interest in religious activity where previously there had been little or no interest and action?

In the reported interview, as the reader will recall, Peter's history of church attendance has been much more specific for the last two years, and it now appears to be unusually important. Prior to that time, it was vague and scattered with occasional periods of intensity. Peter's mother attended church regularly and the father occasionally. This may mean that Peter is attempting to identify with the mother, and this is unusual for a 14-year-old boy. The increased activity is, in all likelihood, indicative of inner distress which Peter attempts to deal with by religious activity. It seems that it is more than social conformity which now heightens the interest of Peter and his family in the church as there is no evidence of consistent religious activity in the past. This family could well have lived in social isolation until the distress became unbearable and they had to use the church for emergency support.

In understanding the religious activity of Peter in a dynamic sense, we have added significantly to the total clinical evaluation of the ward.

The second area has to do with *internalization of personal, social, and religious values, goals, and ethical ideals.* We need here to distinguish between the acute need for values, goals, and ethics in emergencies and the life-long incorporation of goals and values into an enduring character pattern. Many have a shadowy awareness of what they "ought" to be, but no integration of this "oughtness" in the continuing character pattern. The awareness of distance from the "ought" often becomes evident at times when individuals depart most radically from the shadowy goal. Distress at such times is acute, and there are radical attempts to achieve the "ought." It must be said that some individuals never show any evidence of being concerned with an "ought." They are the delinquents without a conscience. Yet, in a sense, such people create their own particularistic and narcissistic "ought."

The interview with Peter reveals his intense concern over his impulses and their expression. These impulses do not conform to his "ought." It is evident that Peter's "ought" is not an integral part of his character. The ineffectiveness of the conversion in 1946 attests to this as does the

fact that he still desires miracles to occur. The "ought" is a vague and shadowy goal, even though he verbalizes knowledge of the Ten Commandments. Peter's mood in the interview also demonstrates a weak and poorly organized character structure. Notice that he was consistently infantile in mood and manner. While he attempts to please and to appear "good," there is evidence that this is a cover-up for deep-down feelings of insignificance and meaninglessness.

In a supplementary interview with the parents which is not reported in this paper, it became evident that enduring values and deeply-rooted, constructive goals were lacking in the family constellation. His parents' goals and values were unclear and inconsistent, even though they verbalized high standards.

In his sexual development Peter shows decided immaturity and poor control. It was his sexual expression that brought him to the attention of community protective agencies. It is generally assumed, and substantiated by clinical studies, that children usually reflect their parents' sexual maturity and control. Through Peter, we thus see the parents' failure to achieve mature and constructive sexual expressions and attitudes.

Our analysis of this area has shown that our ward and his family have poorly structured standards and ethical motivations. That they do exist as unattained is evident. In a crisis situation, there was a rapid shift to high ideals, but this is not buttressed by enduring qualities in the family's character or in the boy's. Help of a really reconstructive type must, under such circumstances, be based on a long-term rebuilding process. In spite of the wish for miracles, they probably will not occur.

The final area the chaplain explores through this interview relationship is the area of *theological development.* This area has to do with the relationship to what we call God, or the depth of existence. In other words, is there a concern beyond the finite problems of existence? Here we need to distinguish sharply between that concern for God which appears in interpersonal or neurotic conflicts and the theological concern for God which arises in relation to the recognition of the limits of one's finiteness. In many people, the neurotic and the theological concern for God is mixed. Generally speaking, the theological concern for God does not violate the rational frame of reference even though the theological concern is anchored in the area of faith and belief. We should see clearly that what is discussed here is not the idea that we believe in God because everyone else does. This was an appropriate consideration in the area of religious activities.

Lest we wander too far from our clinical notes, let us come back to Peter. His conceptions of God are infantile and seem related to his problems with his parents as well as a need to have God around to control his impulses. His recollection of the story of the crucifixion and desire for a

miracle suggest a need for God relative to his more human needs. There is little or no evidence of any depth of theological development. This we would expect in a boy like Peter, of whom we now have considerable understanding. This is not to say that his religious concern is not legitimate or that it does not have deep roots. In this area we attempt to see and understand the level of theological development. Problems or conflicts, when they occur purely on this level, demand a special type of help. This should be clear as we have analyzed a boy like Peter. If, as it appears, his problems are interpersonal or neurotic, treatment should focus on that level. To be concerned actively with the theological level in Peter would add more confusion to his situation.

If we should, by some rare chance, find a ward who is concerned primarily with ultimate issues, then to treat these as oedipal, neurotic, or character problems would be of little avail. It is, however, unlikely that in Youth Authority wards the difficulties will ever be purely theological, though, on occasion, they enter the picture. If we, because of our lack of understanding, decided to treat neurotic or interpersonal conflicts on the theological level, this would make the difficulties more involved and make the person less amenable to the nontheological rehabilitative forces in the Youth Authority. This is a point that the clinical, custodial, and ministerial approaches should see clearly.

It is not unusual that, in the religious interview, matters outside the well-defined areas will be discussed. This is entirely legitimate as long as the chaplain focuses on and primarily deals with the defined areas. Discussion outside of the areas may be necessary for his personal relationship with the ward.

This paper has dealt with only one segment of the reception center-clinic chaplain's responsibility. The writer is aware of, and constantly uses, the many other approaches of a clergyman, such as prayer, worship, teaching, and pastoral care. It is because he is a member of the clinical team in the diagnostic setting that the above material has been presented. It is designed to suggest how the chaplain can offer an approach to the understanding of the ward that ordinarily does not come via other disciplines.

In actual practice, cases cannot be given as detailed an analysis as has been done in this paper with Peter; and therefore a more abbreviated summary is used. Such a summary is founded upon the principles elaborated above. The following material is the routine summary of the interview with Peter for the clinical record and staff conference:

Impressions of the Chaplain

Peter is an impulse-ridden boy. He appears to be highly sexually stimulated; and while he attempts to control these impulses, this control is very inadequate. There are many deep feelings of worthlessness

and inadequacy. These seem to be due to a lack of meaning in the home situation, though superficially the home seems to be well organized. Mother and father, no doubt, have major difficulties in the sexual area and unconsciously stimulate Peter instead of aiding him in the development of controls. The dream about the tiger in the cage seems important in this connection.

To some degree, Peter is using a religious fantasy to deny his feelings and involvement, but this method is not overly successful. He needs psychotherapy and a constructive relationship in order to reduce his conflict, integrate himself, and develop control. His church activity in the future should be understood in the light of his emotional disturbance.

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EDITORIALS

Orientation and Realization

There are times when we clergy are overcome with a feeling of failure and futility. We counsel people, we preach sermons, we teach classes, we prepare people for baptism, confirmation, or marriage, and all too often we live to see that our efforts did not result in problems solved, people converted, doctrine received and experienced. This leaves us bewildered and privately bearing large burdens of guilt and a sense of failure.

The words, *orientation* and *realization,* or perhaps the implications of these two concepts, offer illumination and guidance to the predicament in which we find ourselves. Orientation has to do with preparing. There is much that is abstract and theoretical about orientation. Realization, on the other hand, has to do with the integrating of the theory into experience. If this is a valid distinction, it follows that orientation is our primary calling as ministers. It is in this that we should be specialists. Realization is something that we can only will to participate in with others and with God. Orientation is mostly a matter of works— of discipline. On the basis of what we have known both in theory and in experience, it is our responsibility to communicate this clearly and be willing to participate in its realization. Realization is a matter of Grace and of participation in the faith community. For good orientation we are fully responsible, for realization we are responsible only in terms of our willingness to risk involvement in the lives of our people and in the faith community. We can sow and cultivate, but we cannot do much more than this.

The minister's task is not to "succeed" with people, but rather to do the best possible job of orientation, and be willing to risk involvement with them in the faith community. It is impossible for the clergyman to preach or teach people into an experience of the meaning of the resurrection, but it is laid upon us to orient them to the meaning and possibilities of the experience.

Orientation, then, consists of helping people toward the developing of an orderly systematic point of view, a clarifying of issues and implications and a preparation designed to issue into realization.

The recognition of the difference between orientation and realization helps in the defining of areas and levels of responsibility for ourselves and for our people. In terms of counseling we explain to the person seeking help that as ministers we may be able to help them to understand and clarify the problem areas. We may assist them toward a more helpful and realistic orientation. We can assure them that the better their orientation, the more likely a satisfactory outcome. We can say that orientation is our chief service to them. We should say honestly that we cannot solve their problems for them. We can be willing to participate with them in the faith community, and open ourselves with them to one another and to God. In terms of preaching and teaching we can point out that there is a difference between hearing outwardly with our ears (orientation) and experiencing inwardly in our lives (realization).

This distinction may help us ministers to put our sense of guilt and failure more nearly where it belongs. Likewise, it can help our people in understanding what to expect of their ministers. It can drive both us and them toward a fresh awareness of our mutual interdependence, and our mutual constant need for the grace of God in our lives, as individuals and as a faith community.

D. C. S.

COMMUNICATIONS

Communicating the Gospel

This brief article seeks to stress the importance of forms of communication beyond or alongside of purely verbal proclamation. Such an enlargement of the concept of communication is long overdue, especially on Protestant soil. One of the most recent books on the subject of communication (Hendrik Kraemer's *The Communication of the Christian Faith*) has this comment to make (page 27): "The extravagant and nearly exclusive stress on verbal communication, on preaching and sermonizing, in the world of the churches which issued from the Reformation, is a degeneration and distortion of the Reformers' rediscovery of the prophetic character and quality of the Word of God. This stress has closed the eyes of the Church to the manifold means of communication which we find in the Bible, which, in contradiction to our Western world, is not confined to verbal culture."

Those of us within the Anglican tradition may be only too ready to hail such a confession from a penitent Protestantism with delight. *We* have not exalted the pulpit to the chief place in our sanctuaries. We have trusted "our incomparable liturgy" to cover lapses in sermon preparation. The Prayer Book, we have asserted, communicates itself without the necessary aid of the lengthy homily of the Puritan meeting house. And there is truth, clearly, in our Anglican protest against a one-sided trust in preaching. The College of Preachers (where I serve) nestles humbly into the hillside below the Cathedral's Apse with its High Altar and its Choir—an architectural visualization of the fact that it finds its institutional vocation only within a larger whole.

Enlargement of the concept of Gospel-communication beyond the confines of trust in verbal instruction has found expression in the Episcopal Church recently also in the spread of "group life" movements sponsored by the Christian Education Department of our National Council. The Gospel, so we are reminded, is the good news of the gift of a Covenant, the establishment of a redeemed relationship between God and fallen man, and then between man and his neighbor. A covenant is not communicated merely by lectures or sermons *about* self. It must manifest itself as present power as well as promise, in action as well as in the proclamation of its emergency in past history. "The kingdom of God is not in *talk*, but in power," says St. Paul (I Cor. 4:20, RSV). Or again: "My speech and my preaching was not with enticing words of man's wisdom, but in demonstration of the Spirit and of power" (I Cor. 2:4). This power of the New-Covenant-Life "in Christ" employs as its primary agency of communication the Church as a fellowship—the *Koinonia Spiritu Sancti.*

Now all this is well. Those among us who have given time and effort to the support of Group Life Laboratories and Parish Life Conferences in the Church ought not to grow weary in pioneering in their behalf. (I dare to refer to an essay of my own on "Group Dynamics and the Church" in *Theology Today,* Vol. X, No. 4, January 1954.)

Yet we need to heed warnings as to the limits of this form of witness to the Gospel and to the dangers of a possible idolatry of "fellowship" and "group experience" when this has emancipated itself from submission to the proclamation of the Word.

Every group is guided by a group spirit. And every such *esprit de corps* is the carrier of power—power to heal inferiority neuroses and to perform many miracles in the area of personality adjustment. This fact the Group Life Movement, though it may place its trust in mere secular motivations, has abundantly proved. And we of the Church are flying in the face of the grace of "general revelation" if we do not welcome this rediscovery of the value of community as a badly needed corrective to the long reign of individualism in our midst.

But power as such is morally neutral—even "spirit" power. Our glib use of the word "spiritual" in our sermons cries aloud for confrontation with a biblical concordance. "Do not believe every spirit, but test the spirits whether they are of God," says St. John (I John 4:1). In other words, not every spirit, even when it performs miracles of healing (see Matthew 2:24-28; Acts 8), is "of God." Only the spirit that confesses that Jesus Christ is come in the flesh is of God (I John 4:2). This Spirit, so Jesus Himself warns us, "will not speak on his own authority, but whatever he *hears* he will speak; he will glorify me" (John 16:13, 14).

Note the second clause in this prophecy: "Whatever he *hears* he will speak." There must be a proclaimed Gospel within the Church and spoken to the Church. Trust in the powers of "group life" can be idolatry. Not every fellowship, even one calling itself "church," obeys the precept to test the spirit which animates its life. Recent literature of evangelism abounds in indictments, verging on bitter satire, of the self-worshipping church, or the introverted church, or the secularized church, or the church whose god seems to resemble a local Baal watching over nothing more than his own local sanctuary and who has ceased to be the Lord of the whole earth and of all nations. "For you say," so the apostolic writer addresses the "angel" of the church of Laodicea, "I am rich, I have prospered, and I need nothing; not knowing that you are wretched, pitiable, poor, blind and naked" (Rev. 3:17). We are left with the impression that the angel-spirit of the church of Laodicea needed testing lest it turn into a fallen angel or a spirit serving the Prince of this World. Many a flourishing church in our prosperous American suburban communities may resemble in corporate manifestation the pharisee of the New Testament parable. To paraphrase the devastating words Jesus employs in his description, it may be "praying with itself."

Is there a corrective to self-idolatry on the part of a church other than the Ministry of the Word: Under this ministry a church becomes a listening church, submitting itself to judgment. The Church, like every fellowship or group is united not only by a spirit—an *esprit de corps*—but by a common loyalty, by a commitment, by a "faith." Indeed, the faith-commitment will determine the spirit which animates the group. In the Hitler movement in Germany, our century actually witnessed a demonic faith-commitment, with devastating results in the lives of its devotees. In the church, this faith-commitment is pledged to Christ, the Church's Lord, the Bridegroom of the Church as Bride. To save a church from idolatry, everything depends upon confessing this Lordship of Christ. And this Christ must be known. His

Kingdom, with all that citizenship within it involves, must be proclaimed. The Gospel which, as prevenient grace, evokes the faith-commitment of the Church's members, is an emergent in history. It is good news of an event which must be communicated by way of a "telling," a preaching. "How then shall they call on him in whom they have not believed? and how shall they believe in him of whom they have not heard, and how shall they hear without a preacher?" (Romans 10:14, 15).

Group life experience itself yields another insight into the importance of the Word-Ministry in the Church. "Real life is meeting." And real meeting involves the "sacrament of dialog." Without the "sacrament of dialog," encounter with the God of biblical revelation is impossible also, for this God reveals Himself as one who speaks and demands an answer. "Adam, where art thou?" Even the sacraments of baptism and the eucharist—employing as non-verbal "matter" water and bread and wine—are invalid unless accompanied by the spoken word. The Church as a fellowship or community would be mere human gregariousness if it meant dialog only of man with man. There must be dialog with God. The ministry of the Word—Scripture read and sermon preached—*is* this sacramental action. The *koinonia* needs the *kerygma,* as the *kerygma* needs to come alive in the *Koinonia.*

THE REV. THEODORE O. WEDEL

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The Christian Science Point of View—A Correction

In a review of A. Graham Ikin's *New Concepts of Healing* in the summer issue of this *Journal,* Dr. Harold Kenneth Fink inadvertently misstates the Christian Science position when he writes: "For a time Christian Science went overboard by denying that disease exists, thus negating the need for physicians. However, the current view of Christian Science seems to be that the physician's services should be 'tolerated' while the patient awaits God's healing intervention."

The Christian Science view is the same today as it has always been. Disease is regarded as the manifestation of a wrong state of thought, to be corrected by a deep metaphysical understanding of God and man's relationship to Him. The denial of its "reality"—in the sense of its having permanence, necessity, or legitimacy—is still an essential part of the purely spiritual process of Christian Science healing.

Our attitude to doctors is also the same as it has always been. We appreciate their unselfish service for those who prefer to rely on medical help, but both our teachings and our experience bear out the fact that medicine and Christian Science treatment cannot be combined without seriously diminishing the effectiveness of each.

This is explained in greater detail in an authoritative statement printed as Appendix G in Miss Ikin's book but apparently overlooked by the reviewer.

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BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

The Sexual Offender and His Offenses: Benjamin Karpman; Julian Press, Inc., New York, 1954. 744 pp. $10.00.

From more than thirty years of broad clinical experience, Dr. Karpman has provided us with a necessary framework of reference of empiric knowledge of the various areas of sexual abnormalities. This volume represents the first major work of its kind since Krafft-Ebing's *Psychopathia Sexualis.*

The author considers the sexual instinct of prime importance in the development of sexual psychopathy. In this respect, he accepts the original Freudian approach, and eschews for the most part the work of Adler, Jung, Horney, Fromm, Sullivan, and others. Dr. Karpman writes, "After having struggled with these approaches which is the only one in my experience to give me a proper perspective and, what is still more important, helpful clinical demonstrations of effective psychotherapy and cure."

The thesis is presented that perversions are particular types of neuroses, highly specific, but stemming from the same source, that they are basically facultative rather than constitutional. The author also points up that he agrees for the most part that any perversion is abnormal, especially if there is implicit the completion of the perversive act and not merely a preliminary to the normal sexual act. "But what I have in mind is to point out that though an individual may be perverted in the sexual field, this reaction and the psychology concomitant with it, need not prevent him from being an otherwise useful and entirely honorable member of the community; just as an individual may be crippled, or show some other defect or diseased physical condition, but still maintain a normal position in society."

This reviewer's differences with the author revolve about Dr. Karpman's use of the term "sexual psychopath." The employment of such a term rests upon a doubtful assumption. A simple description of the sexual offender in terms of his own motivations and dynamics may be more appropriate. Also, there are many hypotheses presented which would require time and lengthy discussions in order to analyze their generalized character. Nevertheless, this volume should be of tremendous aid to the minister who seeks to relate himself to his flock in a disciplined manner. Particularly, the book will be of great help as he works closely with other professions on mutual points of interest in regard to the sex offender and his offense.

ARTHUR LERNER

•

Understanding and Counseling the Alcoholic: Howard J. Clinebell, Jr.; Abingdon Press, Nashville, Tennessee, 1956. 256 pp. $4.00.

Dr. Clinebell's book is an unusually lucid, readable, as well as a scientifically sound exposition of the problems of the alcoholic and of how to handle

him when he seeks counsel. The author is a minister of the Great Neck (New York) Methodist Church, and the book is written particularly as a guide for the clergyman, but it should prove helpful to any professional or lay person interested in the subject of alcoholism.

The first section of the book describes the present-day scientific knowledge on the nature and causes of alcoholism. This is one of the clearest and best synthesized reviews of the subject to be found anywhere. If occasionally the author appears somewhat uncritical in his, albeit justified, enthusiasm about the achievements of Alcoholics Anonymous, this is quite understandable since his own scientific contact with the field of alcoholism involved interviewing seventy-seven AA members as part of his doctoral dissertation at Columbia University.

The second part of the book is devoted to an examination of the "psychodynamics" of several religious approaches to alcoholism: "the evangelistic-authoritarian approaches of the rescue mission and the Salvation Army, the psychologically oriented approach of the Emmanuel Movement, and the permissive, self-help approach of Alcoholics Anonymous."

A chart which outlines thirteen common feelings of the alcoholic and what solution alcohol and each of the three religious approaches offer for these feelings, while of necessity oversimplified, makes the "psychodynamics" literally graphic. A similar helpful chart is presented later on "the way our cultural attitudes produce the 'soil of addiction.'" In Part III Dr. Clinebell proceeds to an eminently practical discussion of the minister's approach to alcoholism. Here he examines some of the ethical problems involved in alcoholism, other available community resources, some basic principles in counseling alcoholics and their families, and, finally, possible efforts on the preventive side.

DOROTHEE F. MINDLIN

•

The Prevention of Cruelty to Children: Leslie George Honsden; Philosophical Library, New York, 1956. 406 pp. $7.50.

Like many another distinguished physician, Dr. Honsden has had an abiding interest in social problems. Indeed, he has written this book as a sociologist and historian rather than as a medical practitioner. In *The Prevention of Cruelty to Children* his purpose is "to show how sad is the lot of so many children, despite enlightened legislation and all the benefits of the Welfare State" in Great Britain. In the course of his description of these conditions he acquaints the reader with the work of the British National Association for the Prevention of Cruelty to Children.

The book is written in three parts with an ample appendix. The first section is entitled "The Past." It depicts the poverty, squalor, and exploitations of children during the past one hundred years, giving detailed accounts of the effects of living conditions, drunkenness, child labor, child insurance, and baby farming on the destiny of children.

Part Two, entitled "The Present," describes the recent advances that have been made in the living conditions of children. Drunkenness and malnutrition are particularly singled out as being of declining influence in cases of neglect

and cruelty to children. This portion of the book is documented with sixty summaries of cases from the files of the National Association for the Prevention of Cruelty to Children. These are interesting in that they provide us with a picture of the types of neglect situations now found in Britain and the kinds of cases handled by the Association for the Prevention of Cruelty to Children. As they are, in the main, summaries, they hardly demonstrate the kind of case recording practiced in British social agencies.

In Part Three, entitled "The Future," the author is particularly concerned with the improvement of the environment in which children are to be raised. This section is summarized under headings in the form of imperatives: "The home must be improved," "The social environment should be made healthier for the young." "Parents must be held responsible for the welfare of their children." This part also contains illustrative case material from the files of the Association for the Prevention of Cruelty to Children.

The appendix provides some miscellaneous data on family budgets, legislation affecting child care, state aid to education, adoption, registration of births, and child labor. It also includes a section on the British Society for the Prevention of Cruelty to Children and short biographies of persons who have contributed to the welfare of children in Great Britain. That the book was carefully documented is testified to by the copious section on references also found in the appendix.

Dr. Honsden has provided us with a source book on social conditions as they have affected the care of children in the United Kingdom during the past century. In spite of his obvious dedication to the welfare of children, however, and his concern that the society in which they live be improved, he does not offer us a scholarly plan for dealing with many of the important social problems he so clearly describes. As a book on social reform, unfortunately, *The Prevention of Cruelty to Children* seems naive and superficial.

KENNETH I. WOLLAN

•

Principles and Practice of Preaching: Ilion T. Jones: Abingdon-Cokesbury Press, Nashville, Tennessee, 1956. 272 pp. $3.75.

One is always tempted to ask of a new book in homiletics, "Why were you written?" In the plethora of books on the theory of preaching, what is the justification for another one? Evidently the author faced this question for he justifies his endeavor as an attempt to help "the young man just beginning his ministry and the experienced preacher who feels the need of restudying his methods." In other words, the work serves as a course in preaching for the parish minister and, if we take seriously the criticisms of laymen, this is a needed work.

Dr. Jones, who has had a long and distinguished career both as a preacher and a teacher of preachers, writes not as a mere scribe but as one having authority. If there was one word to describe the value of this book the word would be comprehensive. He has left very few homiletical stones unturned as he begins with the planning of a sermon and takes the reader step by step to its delivery. In addition, there are important chapters on the preacher, preaching, and work planning.

Concerning a commendable book, two brief caveats might be permitted. It would be helpful if the author had spent more time on the congregation with whom the preacher would communicate. In these days we are seeing that the sermon cannot be considered apart from those who sit before the preacher. Dr. Jones alludes to this, but more time in the realm of persuasion, particularly audience analysis, might be helpful. The other concern is the excessive use of quoted and illustrative material. The author writes well, has much to say, and there is little need to call upon so many additional saints.

RONALD E. SLEETH

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Body and Soul: D. R. G. Owen; Westminster Press, Philadelphia, 1956. 239 pp. $3.75.

Here is a book on the Christian view of man that would have delighted the late Archbishop William Temple, and it would have won his enthusiastic support. It is a valuable addition to that school of thought which insists that the Bible be read only through Hebraic eyes, and that all "Greek" concepts are accretions to Biblical thinking. It makes excellent reading and is not a book easily put down once it has been taken up. It is heartily recommended to layman and clergyman alike.

It is Dr. Owen's thesis that Man is a self-conscious psychosomatic organism in both Biblical and scientific thought, and that all dualistic thinking about "bodies and souls" that can be separated is religious accretion from the Greek philosophers. Furthermore, all one-level materialism which destroys Man's purpose and dignity, as set forth by "scientism" is equally false.

The author has organized his book around the four possible views of Man, as he understands them. There is the "religious" view which makes of Man an earthly vessel, which is evil, imprisoning an immortal soul which at death escapes to heaven. Against this he sets the Biblical view of Man which makes of him a unified whole—as is indicated in the Creed by the phrase, "resurrection of the body." A third view is that of objective science which finds that man is a psychosomatic organism. And a fourth view is that of "scientism" which is objective science made into a faulty philosophy. This "philosophic science" produces a Man that is only "body" and has no destiny, no freedom, no moral norms. This Man is seen in such writers as Marx, Benedict, and Freud.

To support his thesis, Dr. Owen has prepared an excellent section showing how Christianity has grafted into itself the Greek or "religious" dualism of body and soul which is so foreign to Biblical thought. This historical section is first-rate and is a valuable contribution to the history of syncretism in Christianity.

In the second part of his book, the author presents the objective, scientific view of the nature of Man. Such a view, he points out, is not at all incompatible with Biblical thought, but rather supports it. It is when science is taken to be a philosophy that trouble begins. "Scientism," as he labels it, takes the scientific findings—the measureable qualities of man—and makes them into a philosophy which reduces Man to an animal level without freedom or destiny and who is without moral norms. Thus, contends Owen, it is

"scientism" and "religion" that have a quarrel, but not true science or Biblical thought—for both of them Man is a "self-conscious, psychosomatic organism." This second section is the weakest part of the book, although the author does offer some very valuable criticism of "scientism" in these pages. Since, however, this reviewer is admittedly suspicious of any attempt to "support" the Biblical material with scientific evidence, the shortcomings of this section do not disturb him, nor do they detract from the excellence of the book.

The closing section on the Biblical view of Man is exciting reading and will probably provoke considerable criticism and debate; but it is a view, extremely well stated, that must be wrestled with. Dr. Owen draws heavily from the writings of H. Wheeler Robinson and J. A. T. Robinson to support his opinion, and this seems to be worthy "backing"! It is possible that Dr. Owen is too Hebraic, especially when he deals with Man's resurrection. It is this reviewer's feeling that the individual was lost in the "age to come" because of an overemphasis on the continuation of the "group." This may be faulty reading but, if not, it is the one part of this excellent book with which this reviewer has a quarrel.

BRUCE E. HANSON

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Better Church Leadership: Frank, Blumenthal, and Knowles; Association Press, New York, 1954. 190 pp. $3.00.

This volume consists of three short, readable, concise booklets dealing with the dynamics of leadership. The main impact of this combination of booklets is to help a person in a leadership position to become sensitive to the forces at work when any group of persons gathers to approach a task. It is helpful to have them all under one cover, as all deal with the same issues, the dynamics of leadership, yet each approach is from a slightly different angle.

Frank's *How to Be a Modern Leader* develops the thesis that leadership is not a status given, and held, by one person, but a shared responsibility. Whereas it has often been assumed that a leader is the prime teacher, authority, director, it becomes clear that for really creative action by any group, the formal leader is as much involved on the receiving end of things as the other members of a group. This raises real questions for any leader, but especially for the clergyman who is so often typecast by tradition as *the* authority. On the other hand, such an approach offers great possibilities for the tapping of motivation and the discovery of more creative answers to the perennial problems of any group.

Blumenthal's *How to Work with Your Board and Committees* seems the least applicable, directly, for the minister. Yet the principle of shared leadership as worked out among secular organizations has definite implications for the pastor as chairman of the vestry or president of the session.

Malcolm and Hulda Knowles' *How to Develop Better Leaders* gets right into the grass roots issues faced by any parish minister. How can I develop better leaders? How can I know my blind spots? How can I so operate as to solve tasks and at the same time creatively handle personal problems? This book does not solve all of these problems, but it deals with them, and provides tools so that a clergyman who is concerned can face them and work toward solutions. This booklet seems to be the most practically oriented of the three, from the clergyman's point of view.

Although these three presentations are written from the perspective of secular life (in terms of their philosophical assumptions) and with other than Church situations in mind, nevertheless they have much to offer a clergyman who is accessible to the insights of the social scientists. If a minister has been awakened as to how helpful the social scientist can be in putting tools into his hands so that he can carry out the person-centered implications of the Christian Gospel, these contributions will be of assistance. They challenge much procedure that has become customary and they raise questions about certain hidden assumptions of clerically dominated parishes. Likewise, they also provide a means for deep involvement of the laity in their vocation as Christians.

One cannot but be grateful for all of the insights which the social scientist (symbolized by these booklets) offers the leaders of the Church. A shorter piece of writing, *You Can't Be Human Alone,* by Margaret E. Kuhn, and published by Seabury Press, provides similar help, succinctly, and with more direct application to the life of the faith community. It begins with out-and-out Christian assumptions, and shows how these faith data contribute to leadership in the Church.

EDWIN DE FORGES BENNETT

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Spiritual Healing in the United States and Great Britain: Walter W. Dwyer; privately printed by the author for free distribution, 1956. 20 pp.

This compact little pamphlet is divided into two parts, "A Short Survey of Spiritual Healing," followed by a "Descriptive Bibliography" of seventy-seven books, each briefly summarized, that refer to spiritual healing. Mr. Dwyer, a Columbia graduate in "comparative religion," is a real estate man of Harwich, Massachusetts, active in church and community affairs. He has been influential in encouraging, through his pamphlet, radio programs, and the public press, the slow rebirth of spiritual healing in America.

The author believes that no particular technique seems best, whether it be through prayer, laying on of hands, the sacraments, confession, communion, annointing with oil, affirmation, psychiatric clinics where psychiatrists and psychologists work in conjunction with ministers, or any combination of these methods. Spiritual healing is apparently successful whether accomplished from a distance or in the sick person's presence. The main requirement seems to be the faith of the healer, although the faith of the sick person is also helpful, though expendable, as also noted at Lourdes. But it is not the faith healer who does the healing. He is only the instrument through which God's healing powers are allegedly transferred, a "channel of Divine power." Furthermore, the healer may be clerical or lay. Or there may be a group, such as a prayer circle. Cooperation is maintained with the physician in each case, and a number of medical men have shown increasing interest in spiritual healing demonstrations.

Dwyer points out that lay spiritual healing was revived in America in 1846 by Andrew Jackson Davis in Poughkeepsie, New York. Quakers, Mormons, and Christian Scientists have always been active in healing. Spiritual healing is rarely successful among the well-to-do. Those with little education but with an open mind seem to benefit most readily. Does this

imply that the wealthy tend to have the weakest faith, or feel the need for God the least? As stated in Doniger's *The Minister's Consultation Clinic* (Channel Press, 1955), page 152: "The healing gift is associated most often with people in whom the rational categories are rather undeveloped, and who have a closer, more direct relation to the subconscious."

Although we have heard accounts to the contrary, Dwyer claims that emotional appeals and a trance state are not used by spiritual healers. All successful faith healers seem to display, he says, the characteristics of love, faith, expectation, and contact with the Infinite. There are two English lay healers who have had unbelievable success with sick animals. Perhaps the most famous healer is the layman, Harry Edwards, of England, who always employs a silent and non-emotional appeal.

One is reminded of the alleged miracles at Lourdes in Ruth Cranston's dramatic but objective account in *The Miracles of Lourdes* (McGraw-Hill, 1955). According to Dwyer, spiritual healing will play an important role in the current spiritual revival.

HAROLD KENNETH FINK, PH.D.

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Der Mensch im Zeitalter der Lieblosigkeit: Clemens E. Benda, M.D.; Steingruben Verlag, Stuttgart, Germany, 1956. 350 pp.

Dr. Benda makes a significant contribution to the Christian interpretation of psychiatric analysis and therapy in this book which is based on many years of clinical experience. The author was born in Berlin, studied philosophy and medicine, and later entered the field of psychiatry. He relates his analysis not only to the individual person but to the whole era in which we live.

The crux of the issue is the inability of many people in our time to experience and to express love. This Dr. Benda distinguishes from sexuality though he shows how sex is truly expressed only within the attitude of love. The fundamental thesis of the book is that the inability to develop love has become structural in modern society. The author traces this theme through ten chapters, trying to explore the causes of this situation. Love is for him an attitude. He relates this attitude to those developed in physics, biology, and depth psychology, and shows the limitations of these natural science disciplines. Love is possible only for those who have experienced love. Without this experience they cannot even know what it is.

If people are commanded to love, it is necessary that they should first have developed a capacity for expressing it. This development can take place only in a society (*Gemeinschaft*) in which love is not simply an enjoyable thrill in life or a pleasant feeling, but an essential element in all human relationships. The person whom Dr. Benda seeks to develop is, therefore, the product of a society in which love is regarded as a central value in all human relationships. Love, being a dynamic attitude in such a society, is able to transform sexuality and to lift it to the level of genuine freedom. Love is an act in which the whole person gives himself and an act in which the whole person receives.

Space does not permit a description of the author's theory of feeling, imagination, consciousness, language, and conceptions. His analysis shows the

great significance of speech and language and its organic relationship to persons and groups. He relates words to concepts, concepts to images, and images to meanings. Just as the cells of the body breathe oxygen which is transmitted by the blood stream, so mankind lives in the body of God by virtue of the stream of speech which carries the Logos.

Students of Christianity will be impressed by the particular emphasis which Dr. Benda gives to the significance of Jesus. It is not a new God which Christianity announces but a new man. A new God is not exchanged for an old God that is given up but a new kind of man is commanded. It is this new man that is revealed in Jesus. The natural powers of man do not provide the loving attitude. This comes as a power from without the person. Hence the significance of love for therapy.

WALTER G. MUELDER

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Psychological Reflections: Edited by Jolande Jacobi; Pantheon Books, Inc., New York, 1951. 342 pp. $4.50.

This volume is the thirty-first in a series of books sponsored by and published for the Bollingen Foundation, which has as one of its aims the spreading of the teachings of Jung. The book consists of excerpts from over seventy-five volumes and journal articles, most of which were hitherto available only in German editions. These are arranged under a variety of headings such as: Recognition of the Soul, Dreams, Doctor and Patient, Man and Woman, Youth and Age, Individual and Community, Between Good and Evil, The Life of the Spirit, Eastern and Western Points of View, The Way of God.

What were the editor's principles of selection from such a vast amount of material? Narrowly technical writing was eliminated from the start. Those who seek for the foundations and the precise definitions within Jung's system will have to look elsewhere for them. The intent of the editor has been to present a survey of "the general, human aspect of Jung's psychological concepts, free from the restrictions of the purely scientific." This collection was skillfully made to illustrate to the reader who is unfamiliar with Jung his catholicity of interest, knowledge of the classics, psychological insight, and poetical flair which are evident on each page. There is both advantage and hazard in this kind of editing. Some short statements seemed out of context, others incomprehensible to those without Jung's technical definitions to fall back upon. Some selections are so short that they seem merely to be aphorisms or maxims in spite of the editor's warning that so to interpret them would be a mistake. The very clever and useful device in the Table of Contents of summarizing each page in one crisp sentence may encourage this interpretation. On the whole, the passages are well chosen and provocative, but some leave the individual wishing for more elaboration.

This excursion through the "best of Jung for the layman" has convinced this reviewer again that more attention must be given by pastoral psychology to his discussion of the positive aspect of suffering ("Neurosis is a substitute for legitimate moral suffering . . . . there is no coming to consciousness without pain"); the necessity of individualizing personality ("Unlived life is a destructive and irresistible force working quietly but relentlessly"); the need for genuine relationship in therapy ("Learn your theories as well as you can,

but put them aside when you touch the miracle of the living soul. Not theories but your own creative individuality must decide"); the futility of moralism ("The little word 'ought' in itself proves the helplessness of the therapist and is a confession that he has come to the end of his resources"); the nature of neurosis ("In neurosis, there is in reality a piece of undeveloped personality . . . . without which the individual is damned to resignation and bitterness and other feelings of hostility toward life").

While a pastoral psychology which is not methodologically purist will eagerly work with these insights from Jung, it is not likely that much impression will be made on American psychology generally by books of this type. It is apparent that Jung is reversing the dictum of Comte that the progress of science depends on pulling away from metaphysical and theological considerations to a positivistic position. Jung's mentalistic bias and antagonism to experimental psychology (p. 71) will not make his doctrines palatable in some psychological quarters. Indeed, it is difficult to see how Dr. Jacobi can maintain that "Jung is primarily an empiricist" as American psychology ordinarily uses that term.

In spite of his many contributions to pastoral psychology (and his willingness to use theological terms), from this quarter, too, some critical questions will need to be raised. As in James, there seems to be an overdependence on the unconscious as a revelatory agency, which runs counter to current trends which would assign more importance to relationship (Buber, etc.). The primacy of psychological truth (mere existence of a notion) over attempts to check the validity of an idea will not be generally acceptable. His concepts of God show a great affinity to the Eastern rather than Western traditions in religion.

This book is a rich find for one not acquainted with Jung first-hand. There are many provocative selections which will stimulate the thought of the clinically oriented worker in religion or psychotherapy.

ROY W. FAIRCHILD

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Religion and the New Psychology: Alson J. Smith; Doubleday, New York, 1951. 192 pp. $2.50.

The second part of the title of this book is unfortunate. It would probably have had greater appeal if it were true to the content and used instead the title "Religion and Parapsychology," for that is what the book is about. It is an account of 25 to 30 years of slow, painstaking investigations and experimentation to establish whether or not there is such a thing as extrasensory perception and what are the laws of its operations if it is found to exist. Such extrasensory perception has seemed to be implicit in the great religious writings that have come down through the ages, as expressions of what has been believed to be a spiritual factor in man. The book, after considerable account of numerous efforts of people to find shortcuts to certitude in the whole field of religion and spiritual communication, describes the careful scientific approach to problems of concern that go beyond those of psychology in the usual sense. Investigators reached the conclusion that distance and general spatial relations do not restrict extrasensory perceptive capacities, and the experiments on precognition show that time itself is not even an absolute

value to the human mind. Tests of "psychokinesis" yield evidence that there is something beyond physics and that at least within some limits mind dominates matter.

While the findings of parapsychology are of modest proportions, they open up possibilities that further studies may bring real proof of our spiritual nature, of the efficacy of prayer, of the immortality of the soul or of the life after death, and of other ideas and values which comprise the core of religion. The belief that more may be found out takes on further credence in these latter days when new hypotheses of fourth dimension and atomic energy are revolutionizing our thinking and yielding us tremendously expanded powers for good or ill. How dramatic is this difference, the author notes in his final chapter on the meaning for religion, is illustrated by the fact that some years ago a chemist estimated that the chemical elements in a human body had market value of 98 cents, whereas today the atomic researchers tell us that the atoms in a 150-pound man have an energy potential of 85,500,000,000 dollars!

This book is well worth reading by either exponents of religion or of science, both for the brief account of the painstaking application of scientific principles in setting up repeatable experiments and measuring the results, and for the sake of the vistas which the author opens up both in the chapter on the meaning for science and that on the meaning for religion. The book may leave the reader with more questions than answers, but they are big questions and the answers, if found, may be expected to make great differences.

LUTHER E. WOODWARD

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Talking with Patients: Brian Bird, M.D.; Lippincott, Philadelphia, 1955. 154 pp. $3.00

Primarily intended for doctors, this book will interest everyone who has to do with people and their problems. Clergymen, counselors, social workers, teachers, and parents should not only read, but re-read and study it. This reviewer wishes that he could have read it twenty years ago.

It is the author's thesis that in order to help anyone with his problems, one has to know about the person, and that words are still the most efficient way of finding out about him. Consequently, the ability to use words and the ability to interpret the other person's words are of great importance.

This book is an elementary attempt to improve these semantic skills. The first half deals with talking with adults, and the chapter headings give a good idea of what the book contains—General Aims and Objectives, Specific Technical Points, The Angry Patient, The Patient Who Asks for Advice, The Bereaved Patient, The Guilty Patient, The Depressed Patient, etc. Part II deals with talking to children, including the infant who cannot talk. This section is something that all parents could read to their benefit.

Basically, this is a medical textbook and, as such, is somewhat didactic, and this reviewer does not agree completely with the material in the chapter on the dying patient. The general level of the book, however, is so high and its importance so great that it is unhesitatingly recommended in spite of these very minor defects.

G. DOUGLAS KRUMBHAAR, M.D.

A Parent's Guide to Independent Schools and Colleges: Frank D. Ashburn; Coward-McCann, Inc., New York, 1956. 253 pp. $3.75.

This book, under a title which might lead the reader to expect something much less lively, is a wise, entertaining, and comprehensive answer to the questions a discerning parent should be asking about independent education. Mr. Ashburn, first and only Headmaster of Brooks School since 1927, has drawn not only upon the rich experience of those years, but also upon a wealth of other educational activities which he has somehow found time to pursue.

Headmasters usually read books by their colleagues with a certain amount of tolerant skepticism; this one finds me nodding my head unconsciously and saying to myself: "Yes, this is how it is." Mr. Ashburn carries his readers from a definition of education and its particular function on the secondary level in America, through a complete discussion of the nature and purposes of private secondary schools, into an analysis of the problems of admission and transition to college, and finally to a crystal ball which seems far less cloudy than its author describes it. As a schoolmaster, this reviewer found his greatest enjoyment in the chapter called "Interlude: Case Histories," which offers a refreshing, behind-the-scenes picture of the everyday problems of a headmaster and his efforts to solve them with wisdom, humility, and humor. The book is worth reading for this chapter alone.

The author makes clear that he is not an apologist for private secondary education. To him independent schools need no defense, nor does our American tradition of diversity rather than unity in education. The high school appears not as an enemy but as a comrade in an enterprise big enough to demand the best energies of us all. Mr. Ashburn does point out clearly the vital part which the teaching and practice of religion play in almost all of the independent schools—a role understandably denied to public education.

From this unusual book parents will receive a thorough feast of advice, savored with the New England salt which Mr. Ashburn dispenses so gracefully, on the most intelligent procedure to be followed in selecting an independent school. The author likewise deals capably and honestly with the major criticisms normally leveled at such schools. Even the hostile reader can hardly find fault with Mr. Ashburn's nice distinction between the words "selective" and "exclusive." The book is perhaps least objective in Chapter VIII, in which an attempt is made to give "some examples of independent schools," and in which thirteen unnamed institutions are described under Plexiglass disguises. As the author says himself, however, "To give examples is to do no more than furnish clues: the examples do not in themselves yield any final answers."

In an era when private education at all levels is receiving increasing attention but rarely gets the close scrutiny it deserves, Mr. Ashburn's book should be required reading for the parent who wants to know the "What" and the "Why" of American independent schools. And it will do no harm for those of us who teach or preach to sit, for a few hours, at the feet of a master in both crafts. Under the deceptive modesty of Mr. Ashburn's style there lie sermons worth reading and parables worth repeating.

EDWARD T. HALL

I Chose a Parson: Phyllis Stark; Oxford University Press, Inc., New York, 1956. 240 pp. $3.50.

This is another of a growing number of personal accounts by clergy wives. In this instance we witness the rise, presumed to be typical of a properly endowed parson of the Episcopal Church, from college to crosier via small, "good" parish, cathedral, and influential urban church. Mrs. Stark has written her story with care and sincerity, although some of the advertised humor is too hoary with age, at least among clerical circles, to have merited resurrection.

To write with commendable restraint perhaps kills the ability to transmit the essence of the deep joy of living or the soul-searching or soul-trying that accompanies the Christian vocation. Such a book, to be an experience and not just something to pass the time, might profit by a more thoughtful than anecdotal approach. In this book, as in several others of its type, one also feels the limitations of a circumscribed, socially proper, protected, if you will, career that (not denying its real worth and influence) misses the impact of another kind of Christian living.

The reviewer admits to too high expectations and a vain hope for a fresh approach on this occasion. As well-written pastime reading, it should appeal more to the lending-library ladies than to the clergy, and perhaps this was the intent.

ROSEMARY CLARK

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Religion and the Moral Life: A. Campbell Garnett; Ronald Press, New York, 1955. 218 pp. $3.50.

Professor Garnett is a moral philosopher of real distinction, who has reflected for many years on the problems of human obligation and value. In this book he applies the conclusions of these reflections, often sound in their own sphere, to religion. The result is a clear demonstration, not intended by the author, that religion is not the same as ethics.

Religion is defined as "devotion to something other than the self." Secularism is the antithesis of religion—"devotion to self and to self alone." It is cogently criticized on psychological and moral grounds as leading to an introverted human pride, drives for individual power, and social anarchy. Humanism identifies universal human welfare, or humanity, with the object of ultimate concern. This is criticized by the author as a deficient ultimate end, incapable of lifting the soul to its most intense aspiration, and also as leading to introversion and unhealthy self-concern when (as in the case of Erich Fromm) promoting the interests of others is recommended as the best way of attaining one's own happiness.

These criticisms are worked out in Chapters 3 and 4 with genuine insight. But the author's interpretation of the Christian faith, with which he is concerned in the remainder of the book, is far less convincing. Personality, for instance, is defined as "an integrated system of interest processes."

Each one of us is such a system of interests, and all of us are really included in the Divine Mind which is "the all-inclusive whole," or "the ultimate and basic purpose of the whole."

We feel "the immediacy of God's presence . . . in the constraints and demands of conscience." These demands are actually the voice of the Holy Spirit working in us, and such experience "is common to all normal human beings." Its message to us is "the simple theistic faith," which is summarized as follows: (1) Man is loved by God (the system of interests that constitutes the universe); (2) man should love this system with all his heart; (3) his neighbor as himself; (4) in such love to God and man the human spirit is made whole. This theistic faith is "the core of historic Christianity." The rest is a confused mass of magical and rationalistic accretions.

There is no doubt some justification for calling such a view "simple." But whether it is really "theistic" is open to serious question. God is certainly a *single* being who thinks and acts independently for Himself. Even a human person can do this. Professor Garnett thinks of God as a set of interests working together for a common goal, like a corporation. But such a system of interests lacks the existential unity and independence of a person who freely chooses and acts. God is not a corporation.

Like Charles Hartshorne, Professor Garnett rejects the doctrine of divine creation. As any whole depends upon its parts, and certainly cannot exist without them, so God depends upon finite creatures and cannot exist without them.

God, therefore, needs us as we need God. This finite and dependent being has no resemblance to the absolutely transcendent creator of all things visible and invisible, the God Almighty of the Bible.

The author also speaks of "the subjective pole" of experience, and holds that we are immediately aware of our own lived feelings and acts. But he makes little effort to follow the living thinkers of our own time in exploring these long-neglected regions of human existence as lived from within. This is why his view of the human predicament differs so markedly from that of the Bible and of thinkers like Kierkegaard, who are steeped in the Biblical sources. He rejects the whole notion of original sin, and in spite of his concern for morals, has almost nothing to say of anxiety, despair, and guilt. Weakness, finitude, and ignorance may lead men astray, but there is nothing really sinful or demonic in man. The reader cannot help but wonder whether Professor Garnett is right in holding that "there is no false optimism" in such easy religion.

The tone of detached rationality and objectivity which pervades the whole book reminds this reviewer strongly of the natural religion of the eighteenth century. This is especially true of the reduction of "the special historical revelation" to "the content of the general revelation" made to all men in their natural state. If the neo-orthodox theology has almost completely separated the order of redemption from the order of creation, here we certainly find the opposite extreme which simply identifies the former with the latter.

This book deals with many problems of ethics in an illuminating way. What it wholly lacks from the standpoint of religion may be expressed in the single phrase—a sense of mystery.

JOHN WILD

Psychology and Worship: R. S. Lee; Philosophical Library, New York, 1956. 110 pp. $3.75.

These lectures are a sequel to the author's *Freud and Christianity* (James Clarke and Co.) and represent the attempt of an Anglican priest to use the insights of Freudian psychology to illuminate the meaning and importance of Christian worship. The reconciliation of Freud with the Book of Common Prayer is done perhaps as deftly as one might hope to see, once it is made clear that psychological explanations of the natural sphere do not necessarily "leave the supernatural element out of account," namely, the objective existence of God and the fact of divine revelation. The author merely wishes to show that healthy worship, which is an activity of the whole man, brings into harmony the drives of the id, the restraints of the super-ego, and the potentialities of the ego with its ego-ideal. The author finds such reconciliation in the corporate worship of the Holy Communion, which resolves the Oedipus Complex: "Man does not defeat God and God does not defeat man." There are some perceptive paragraphs on the subject of the religious education of children, the place of ritual and symbolism in meeting the needs of emotional and intellectual types of persons, and the pitfalls of "confession of sin." On the other hand, the author is wary of too much explanation of the mysteries of intercessory prayer. The recommendations regarding means of worship as a way to healthy growth of personality are excellent. Their validity, however, does not depend upon Freudian analysis; and one suspects that a thorough-going Freudian would not altogether appreciate this attempt to use Freud's terminology to expound the worship of the Church.

MASSEY H. SHEPHERD, JR.

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Multiple Counseling: Helen Irene Driver; Monona Publications, Madison, Wisconsin, 1954. 280 pp. $5.00.

The major thesis of this book is that small group discussion sessions may make a unique contribution to the educational and therapeutic growth of its members. A method is presented here which may supplement, or be supplemented by, individual counseling. The major portion of the book is given over to the discussion of group techniques such as role playing, sociograms, and other methods of group discussion. There is also a helpful section on evaluation of the project. The basic material of the book grows out of the author's work at the University of Wisconsin where she has had the cooperation of psychological and psychiatric consultants. The Foreword was written by a psychiatrist, Dr. Annette C. Washburne. The pastor who is interested in developing his skills in working with small groups will find a study of this book very helpful indeed. It could also be very useful for a pastor who has first mastered it in various kinds of leadership training programs within his own church.

CARROLL A. WISE

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The Church and the Public Conscience: Edgar M. Carlson; Muhlenberg Press, Philadelphia, 1956. 104 pp. $1.75.

The author (who is President of Gustavus Adolphus College) sets forth in this book what he deems to be the demands for Christian social concern

and social action from an evangelical point of view. The rhetorical style employed in the presentation does not strengthen the author's arguments. Although he condemns relativism in the moral field, it seems to this reviewer that the author is guilty of the same in his social programming.

WILLIAM B. SPOFFORD, JR.

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Vocabulary of Faith: Hampton Adams; Bethany Press, St. Louis, 1956. 124 pp. $2.50.

Perhaps the most creative work being done by contemporary New Testament scholars is in the area of New Testament theology. The present book is in part a reflection of that interest, and it attempts to describe the central categories of New Testament thought in terms meaningful to the layman. Dr. Adams, in a series of twelve rather brief chapters, discusses the terms of the Christian proclamation, starting with God's revelation of Himself, proceeding through the redemptive work of Christ, and concluding with the Grace of God. The book is notable for its relatively simple approach to profound themes and for the illustrative material drawn from the author's own pastoral experience. The theological subjects he presents are thus removed from the theoretical level and made a part of Christian living. There is appended a short bibliography which should prove useful to the layman who wishes to continue to grow in his understanding of the Christian message for the modern world.

HENRY MILLIS SHIRES

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Meditations from Kierkegaard: T. H. Croxall; Westminster, Philadelphia, 1955. 165 pp. $3.00.

Dr. Croxall has become one of the leading authorities on Kierkegaard in the English-speaking world. He has lived in Denmark; he has mastered the language; and his devotion to the lonely philosopher shows no sign of diminishing. In this book he has gathered together a rich selection of flowers from what he calls the "vast garden of Kierkegaard's mind." He makes his own translation and is, therefore, able to claim that all the translations and most of the material are new to the English reader.

The meditations are grouped under five main headings such as, "The Sermon on the Mount," and "Some Biblical Personalities." These fresh and arresting extracts, many of them leading into prayer, should prove of the greatest value to all who read them seriously and in an attitude of devotion.

F. W. DILLISTONE

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American Protestantism: T. Valentine Parker; Philosophical Library, New York, 1956. 219 pp. $3.75.

This is a disappointing and dull book. The author attempts the impossible, namely, the description of the achievements, failures, and attitudes of American Protestantism. The three-page paragraphs, hoary clichés, and sermonic overtones are likely to cost the author his hoped-for audience.

ORLO STRUNK, JR.

Inside Buchmanism: Geoffrey Williamson; Philosophical Library, New York, 1955. 227 pp. $4.75.

Books continue to be written for and against the movement of which Dr. Buchman is the leader. The author of the present book, a former editor of *John Bull,* has had a wide experience of investigating and estimating the significance of such movements. Quite obviously he undertook this assignment with proper seriousness and with a desire to be fair to all concerned. He studied the literature carefully; he went to Caux; and he discussed matters fully with representative leaders of the movement. His final narrative is vividly written and full of interest. He does not feel able to commit himself to membership within the movement, and indeed does not hesitate to criticize some of its methods. But there is no bitterness, and the general impression which remains is of a fair appraisal of an important contemporary phenomenon.

F. W. DILLISTONE

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The Strangeness of the Church: Daniel Jenkins; Doubleday, Garden City, New York, 1955. 188 pp. $2.95.

This book is one of the Christian Faith Series, of which Reinhold Niebuhr is Consulting Editor, and is as meaty and sound as many of Niebuhr's own writings. Mr. Jenkins presents a very cogent claim for the unique status and role of the Church in human society, with special attention to the Word and the Sacraments. This reviewer, an Episcopalian, could find nothing to disagree with, and very little to add to, throughout the book. How out of touch we are with one another is brought home with great force when an Anglican reads a book on the Church by a Congregationalist and finds to his great surprise that they both speak the same language.

Mr. Jenkins makes a strong case for the practice of infant Baptism, and his treatment of the Lord's Supper will offer real encouragement for those who look to "the Lord's own service on the Lord's own day" as a rallying point for Christian unity.

Equally welcome to many will be the author's treatment of the proposition: *Extra Ecclesiam Nulla Salus.* As he deals with all his other topics, Mr. Jenkins succeeds in retaining the strong truth of this often misunderstood doctrine, while at the same time clearly refuting any crude or magical interpretation of it.

The real weakness of this book to this reviewer is the almost total lack of an attempt to go even a little way below the surface and deal with man's emotional needs as he expresses them through the Church and her corporate acts. The student of sociology and psychology will find himself asking again and again as he reads this book: "Why do Christians band together and do these things? What are some of the deeper significances of this Greater Family, this Holy Group that considers itself set apart from human society and yet sent to redeem human society? What is the need for this heavenly washing and rebirth, this eating the flesh and drinking the blood of one's God?" These questions and many more are not even raised by the author, much less answered, but perhaps this is too much to expect in one volume.

MILES RENEAR

Pastoral Preaching: David A. MacLennan; Westminster Press, Philadelphia. 1954. 157 pp. $2.50.

There is no reason to doubt that this writer believes that pastoral preaching meets a deep-seated need of man. He brings into focus the most acceptable source materials in support of the indisputable place and function of pastoral preaching. In this day of specialization when many aspects of the pastoral office are claiming our attention, it is easy to lose sight of the most vital factor in the cure of souls. The writer shows remarkable understanding of the professional training and divergent points of interest in the thinking of the modern minister but with a fine appreciation of various diversified fields and without losing his sense of perspective.

Dr. MacLennan shows unusual breadth of spirit in his refusal to be identified with any religious ideology, yet he is ingenuous in the use he makes of various diverse groups in showing the place of pastoral preaching in life adjustment. The substance of *Pastoral Preaching,* according to the author, contains material delivered in ministerial conferences at Union Theological Seminary and at Southern Baptist Theological Seminary. The sixth or last chapter formed the English Lecture on Preaching at Andover-Newton Theological School. This book, therefore, comprises material that has been wrought by the pen of an artisan with a mark of originality that bears the respect of the most discriminating student.

In view of the great number of books on preaching one is not readily receptive to the addition of a new volume. Yet any skepticism that may be encountered by the reader is soon dispelled by a growing awareness that the author has discovered new roadways to the springs of creative life.

The book is simple in treatment, obvious in conclusions, practical in content; yet it is so distinctive that it may well represent a priceless contribution to the field of pastoral preaching. It is the kind of production that should help to refashion the thought trends of the modern minister.

WALTER P. BELL

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Patterns of Mothering: Sylvia Brody; International Universities Press, New York, 1956. 446 pp. $7.50.

Three psychologically trained and psychoanalytically oriented observers studied the interactions between thirty-two mothers and their babies. The latter ranged in age between four and twenty-eight weeks. The study is a portion of the Infancy Research Project conducted under the auspices of the United States Public Health Service and the Menninger Foundation, from 1948 to 1951. The interviews were held at the center and in the homes of the mothers. Shaping concepts were (*a*) that biological functions of the infant and child represent nodal points of maternal concentration, mark developmental areas most vulnerable to psychic conflict between mother and infant, and present areas in which the mother, aroused by the force of the infant's instinctual impulses, may be especially prone to act out her own instinctual conflicts by implicit and explicit rewards and punishments; (*b*) the genesis of motherliness and the shaping of her responses to her infant are to be sought primarily in the quality of her own early attachment to *her* mother; and (*c*) a

mother's activity in feeding her child mirrors her general behavior toward the infant better than any other item of interaction between them.

The report is extremely detailed, competently presented, stimulating, and evocative. Full utilization of its findings, however, may require a theroetical orientation not possessed by the general reader, training in the techniques of depth therapy, and an opportunity for prolonged and intimate professional contact with the mothers of young infants, all of which are not usually available to the parish clergyman.

INA MAY GREER

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Tolerance and the Catholic: A symposium translated by George Lamb; Sheed and Ward, New York, 1955. 320 pp. $4.50.

"The Church will never renounce the totalitarianism of the Faith, the intransigence and intolerance of truth; but she can, without denying anything of her true nature, refuse to exercise these except by spiritual means and the way of conscience." This lucid and scholarly book by eight French and Belgian Roman Catholic theologians is an exploration of each aspect, doctrinal, historical, and political, of such a statement. The authors (Masson, Cerfaux, Bouyer, Aubert, Dondeyne, Leonard, Oliver, Congar) unite in a symposium which records views exchanged at a historic conference in 1951 at Le Sarte.

Obviously troubled and hopeful in the current situation where the Church faces a thoroughgoing pluralism in its world, the various writers demonstrate that from New Testament times onward, high dogmatic claims have been paralleled with practical cooperation linking the Church with its changing environment. While the *thesis* (the absolute core of truth and institutional hegemony) has been inviolable, the *hypothesis* (what is practical then and there) has been constantly opportunistic and adjustable. In the main, this book accepts such a strategy, even though acknowledging that it sounds like "We want freedom for ourselves, but not for you: we will tolerate your form of worship because we are the weaker party, but when we are stronger we shall refuse you the liberty we ask for now." This dilemma of the "guardian of absolute truth" is by no means solved here.

Yet for the Roman Catholic theologians the authors ask some great, heartening questions and suggest some daring and irenic answers, unlike anything we have found in this country even in *Commonweal.* One of their concerns is that a Church more yielding and responsive to "other Christians" is freer to be itself and to evangelize. This volume is exploratory, thought-provoking reading, both for rigorists among Roman Catholics and evangelicals, and for bouyant ecumenicists who underrate the gigantic difficulties of real inter-faith cooperation.

JOHN OLIVER NELSON

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CURRENT PERIODICAL LITERATURE

Edited by The Rev. Joseph Fletcher

"Suicide as a Magical Act," by C. W. Wahl, M.D., *Bulletin of the Menninger Clinic,* Vol. 21, No. 3, May, 1957, pp. 91-98.

The literature on suicide of fifty years ago showed two antithetical features: (1) the almost universal conviction that the causes were clearly evident, and (2) that it was effected essentially because of worry over ill health or because of insanity. The paradox in these ideas was not perceived. The first infers that suicide in the case of ill health was reasonable because life was worthless without good health. Yet, the second infers that to take one's life under any circumstances was to perform an unnatural and wholly irrational act.

An immense change in attitude and perspective is evident in present-day literature. There is an increasing interest in suicide, and there is general concurrence that the act is far from being easily understood, is an extremely complex act, and is effected for a variety of reasons and purposes. We are learning how little we know about why suicide is adopted as a solution for impelling conflict rather than some other remedial act or symptom. Many neurotic symptoms and defense mechanisms, as well as socially acceptable behavior, are successful in binding anxiety, alleviating guilt, in discharging an otherwise invincible hostility, and in providing an escape from an intolerable life situation. As yet we have no real answers to the question of why suicide instead of other symptoms.

The act of suicide becomes all the more puzzling if we hold, as does Silverberg, that the ego's main purpose is to ensure survival and that this drive is omnipresent, irrational, and not easily foiled or flouted. What then accounts for the ease with which the suicide gives up a life which the rest of us cling to so doggedly? What are the ends and goals which the suicide pursues which to him are stronger than life itself? Just what are the irrational concepts which make the termination of life possible or even desirable?

The thesis of this article is that "suicide is not pre-eminently a rational act, pursued to achieve rational ends, even when it is effected by persons who appear to be eminently rational. Rather, it is a *magical act,* actuated to achieve irrational, delusional, and illusory ends. (Magic here used is from Schopenhauer: an act of attempted control or delusion of such control, of physical forces normally peripheral to human mastery.) Suicide, like the other neurotic symptoms which it resembles, is a symbolic, reified solution of a conflict and the purposes of this symbolic solution are largely unconscious and only minimally within the limits of conscious awareness."

The major conflict the suicide attempts to solve is an *identification conflict.* By identification the child, during the prelogical stage of development, comes to take within himself, by an essentially magical and unwitting process, the habits, patterns, and methods of problem solution of the primary socializers,

usually the parents. His basic conception of himself as a person is developed in this way. Owing to his limited past experience and protorational concept formation, the evalution of his own merit, his conception of his adequacy and worth, and indeed of his very nature, is obtained by an uncritical identification with the prevailing attitudes held toward him. Thus, if he is rejected or derogated, shown weakness and vacillation, or abandoned, he is almost certain to develop a conception of himself as a debased and inadequate person. He reacts to this unendurably painful state of affairs with strong hatred and hostility, death wishes toward these primary socializers, which evoke strong and often unremitting guilt. Repression is the usual and most pathological mechanism for handling the anxiety, self-hatred, hostility, and guilt which results from this identification dilemma. This, of course, is oversimplified, and does not always hold true.

Suicide is comparable to neurotic symptoms in that both are magical and symbolic attempts to solve an exigent conflict and to achieve comfort thereby. They are similar in their complexity of motivation. These motivations seem to vary in nature and in strength and significance from one person to another and they are in varying degrees conscious or unconscious in each subject. Some of the motives in which the magical aspect of suicide is most strongly suggested are as follows:

1. A wish to punish a depriving figure by the induction of guilt. Mark Twain's Tom Sawyer illustrates this when Tom confronted himself by a fantasy of drowning himself in the Mississippi River. He thought of the sad and piteous spectacle he would make when his body was brought into his aunt's presence and how sorry and remorseful she would be. This phenomenon is common among children because of their greater dependency needs from parents, some of which are bound to be frustrated or unfulfilled, and because they feel inferior and powerless to influence them. They can therefore best repay the hostility which this frustration induces by acts of their own which induce guilt, since they are afraid to express their rage in direct aggression. The entertainment of such a maneuver involves also a denial of death as a finite and terminal act, in that they fancy themselves present to enjoy the results. Presumably, therefore, when feelings of powerlessness and inferiority persist far into adult life, then the individual, like the child, is more prone to utilize this method of being hostile to others, since a more direct means of aggression is impossible for them.

2. The wish to reduce personal guilt, the most painful of all affect states. These suicides seem to be usually an act of self-punishment; an attempt to expiate the fantasied act of murder (death wishes) by operation of the law of Talion. It must be remembered that in the unconscious the thought is equally comparable with the deed and is equated with it. *It appears that expiation of personal guilt and achievement of a hostile wish by guilt induction are almost invariably present in every suicidal attempt or act.*

3. Suicide as an aid in coping with an overpowering fear of death. This is a reaction formation to the morbidly feared eventuality of death by embracing it rather than in running from it. Again this is magical in denial of the act's irreversibility. This denial of death and conviction of immortality the religious person entertains consciously, but other persons appear to entertain it unconsciously. "How can the suicide value life so cheaply?"—perhaps because

he views it differently. The deprived and frustrated person who is more prone than others to employ grandiose fantasies of a compensatory character exalts thereby his sense of narcissistic immortality and omnipotence. Thus, suicide not only serves the motives of expiating self-guilt and inflicting it on others, but is not even conceived in the usual terms of fear and dread, because the possibility of non-being is so distant and remote.

Death is also conceived as an act whereby one acquires powers, qualities, and advantages not possessed in the living state. One can therefore achieve a vengeance by dying which one's impotence has denied him while living. A variant of this view is the expectant wish that death gives one immediate access to the God-Head where one can make a personal appeal for divine redress against those who have wronged him [or gain the protection of the all-loving, giving, Father—E. T.]

4. Lastly, the phenomenon of *infantile cosmic identification.* In facing an insurmountable obstacle or situation, and its accompanying feeling of impotence, we rack our brains (the phenomenon of regression) for aiding memories of those times and places in which we were able to so cope with such situations. In states of compelling need we may regress to that portion of our childhood in which we did indeed have a power and capacity which in adulthood is largely denied to the conscious mind, the period of infantile omnipotence. This use of magical defense is obvious to us when it adopts the form of solipsistic dereism of the hebephrenic or catatonic schizophrenic. The inability of the infant to differentiate himself from persons or objects in this world of which he is a part appears to be unconsciously persistent in all of us as a latent concept of cosmic identification and the belief that retaliation toward others can be effected by self-punishment, as though all persons were a part of our own substance. To kill one's self is to kill everything that there is, the world and all other persons. The suicide, then, is committing an aggressive act against the specific person who is himself and against the introjected parents whom he wishes to murder, and their social extensions which the aggrieved individual has found to be non-nurturing and non-succoring.

But perhaps the saddest thought of all is to see the suicide as he really is, a forlorn, beaten, and deprived person who has peopled his emptiness with malefactors and villains of his own making. He commits not only suicide but vicarious matricide, patricide, fratricide, sororicide, and even genocide. But for all this he usually rates a small footnote on the inside pages of a newspaper.

EDWARD TULIS

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"Psychiatric Implications of Brain Damage in Children," by Leon Eisenberg, M.D., *The Psychiatric Quarterly,* Vol. 31, No. 1, January 1957, pp. 72-89, with comprehensive bibliography.

The disturbances in behavior associated with brain damage provide a particularly striking instance of a psychobiological disorder. Clinical experience dispels any notion of a one-to-one relationship between tissue loss and behavior pathology, which points to the fact that the problem is not solely neurological. Basic to the understanding of these facts is the concept of the person as a psychobiological entity, subject both to biological and to

social influences and as manifesting a psychological continuity of his own. The outcome of brain injury, then, will be determined by factors operating in all these spheres. On one level there are quantitative and qualitative alterations in brain function produced by damage. On a second level, the behavior is influenced by the reorganization of the previous personality of the person in the face of his functional deficit. On still a third level, *the social environment* has a profound influence on the person's performance—and, under certain conditions, *the decisive influence.* This multiple interaction determines the outcome in each case.

There is no single pattern of behavior produced by brain injury, because of the many variables. But, it is possible to describe in general certain signs and symptoms which are frequently found. Similar difficulties may be observed in non-brain-damaged children, but it is most common in cases of brain injury, with greater severity, their presence in combination, and their appearance in events pointing to this cause.

In the motor sphere, one of the most outstanding characteristics is *hyperkinesis,* the inability to sit still, being constantly on the move, fingering, touching, mouthing objects, frequent destructiveness, sometimes by design, other times inadvertently because of poor motion control and impulsivity. Overactivity thrusts these children into the center of the group, and they are often described as attention-seekers. Such hyperkinesis becomes a primary source of conflict with the social environment.

In the sensory sphere, brain-injured children tend to display a *very short attention span* and *marked distractibility,* seeming to be at the mercy of every extraneous sound or sight. Attention and interest flit, and learning difficulty creates social problems because of inability to exclude irrelevant sensory impressions. Good rapport with their leaders lowers the pitch of nervous activity.

There is often marked *liability of mood.* Frustration threshold is reduced, and, when exceeded, outbursts of angry behavior result. Mercurial changes of mood from tears to laughter are sometimes seen. Unprovoked frenzies of rage, striking out blindly at all about him, followed by bewilderment at what he has done and genuine remorse with apologies, only to repeat the uncontrollable crises not long afterward, are noted in a brain-injured child.

Antisocial behavior, in the form of lying, stealing, truancy, cruelty, and sexual offenses, may be prominent features. The behavior seems to lack understandable motivation and may be discordant with the child's previous social adjustment. Furthermore, the individual episodes may turn on and off abruptly and may appear to be beyond the control of the remorseful child. There is a suggestion of automaticity in the antisocial behavior. In this it may be similar to some cases of psychomotor epilepsy.

There may be a greater or lesser degree of *intellectual deficit,* which has a tendency to be patchy in distribution, in that some abilities are more gravely impaired than others. Tasks requiring abstract thought are apt to be difficult for these children, whereas concrete problems may be successfully completed. They may exhibit perseveration in responses and often display meticulous and pedantic behavior as if they are desperately trying to keep a chaotic inner world in order by limiting outer stimuli.

Finally, brain-injured children frequently display manifest *anxiety*. Slightly unfamiliar situations, tasks that tax their abilities or disapproving attitudes toward them precipitate sweating, excessive rapidity of heart action, exaggerated breathing movements. Anxiety, which may key the normal child to a higher pitch of adaptive alertness, appears to have a destructive effect on the brain-damaged. The anxiety may mount to the proportions of panic, the catastrophic reaction, if it is not possible to remove the child from the tension-producing situation or to *offer him meaningful emotional support* in the midst of it. This is very noticeable in learning situations.

In evaluating the functional consequences of damage to central nervous system structure, it must be stressed that the brain is a highly complex and delicately-integrated structure, *the proper working of each of its parts dependent upon the proper working of most, if not all, of the others.* Growth is associated with the progressive differentiation of more and more delicately selective and appropriate responses to specific stimuli, both by facilitation of appropriate channels and inhibition of maladaptive ones. Tissue loss, then, is followed by the reorganization of remaining structures on a more primitive level, still attempting to serve the same general biological purposes, but in a less effective manner. Damage to individual motor units, for example, will be followed by a more or less successful attempt to achieve the same goal by employing the available alternate muscle groups. This both allows us to understand the persistence of adequate function in the presence of tissue destruction in subordinate areas and prepares us to find that damage to the higher integrative mechanism has catastrophic effects for the individual.

A second important principle of neural organization is the *vital role played by inhibition.* In the motor sphere, for example, if the stretch reflex is stimulated, there is a simultaneous inhibition of antagonistic muscles. Evocation of the flexion reflex will cause prompt and total cessation of activity in extensor muscles, just as effectively as if the motor nerve had been severed. In the auditory sphere, in straining to hear a distant sound, we become more aware of auditory, and less aware of other, sensations. Such tasks are exceedingly difficult for a brain-damaged child, who appears to have little ability to focus on stimulus A by excluding stimulus B.

The final general consideration is the so-called "mass action" effect of tissue loss. The volume of tissue lost, almost without regard to its distribution, is an important determinant of the resulting functional impairment. But this mass effect does not appear until after considerable destruction has occurred. Under normal operating conditions, the number of available paths in the brain functioning is large enough so that the chance of getting a busy-signal is small enough to permit efficient functioning. But if a significant number of these common routes are destroyed, or are usurped by pathological trains of impulses, messages originating elsewhere cannot be transmitted to their destinations. We would expect, therefore, that the brain-damaged individual would be unable to handle complex tasks or handle multiple single tasks simultaneously, whereas the same problems, broken down and presented singly, could be carried through. It would further follow that the elimination of extraneous stimuli would also facilitate the successful completion of tasks.

The somnolent and akinetic states observed in people with brain-stem damage is attributable to damage to the activating system or "wakefulness

center." However it is evident from mere introspection that wakefulness and alertness are not simply matters determined by subcortical elements, for the normal subject can voluntarily retard or induce sleep in himself and can choose to increase or decrease his attentiveness to peripheral stimuli. Brain-stem lesions are apparently implicated in the disturbance of vigilance, alertness, and "set" displayed by brain-damaged persons. The wide variability among people may result from the fact that the inhibitory and facilitatory mechanisms are so closely interwoven anatomically in this system that small shifts in the site of lesions can produce markedly different effects. The brain-stem mechanism is very sensitive to drugs, which fact opens the possibility of selectively altering the dysfunction of this mechanism without impairing cortical functions.

Physiological emotional states clearly reflect the role of the neocortex as the analyzer by which the subtle implications of external events take on meaning to the individual. The changes in emotional state in brain-damaged children imply dysfunction in cortical-subcortical relations. The person cannot be held responsible for such behavior when it occurs, but it by no means follows that we are helpless to alter the reaction pattern. Reinforcement by means of repetition of the measures that are normally effective for producing inhibition of socially unacceptable behavior may serve to bring the autonomously discharging focus under at least partial cortical control. Any distortion in the feltwork of the cortex will alter the social adaptability of the organism. But it is also true that distortions in the social setting, to which the child endeavors to adapt, will, in their turn, produce pathological changes in his behavior and its physiological substrate.

Extrinsic influences have produced in lower animals nervous dysfunction no less total than that which can be caused by intrinsic lesions. And if this holds true for lower animals, it applies with manifold greater force to man whose human characteristics are social products. The brain-injured child, handicapped by his organic disorders, is by his handicap that much more subject to deleterious psychosocial influences, since his adaptive flexibility is restricted.

The knowledge of the relation between nervous structure and function cannot suffice for an understanding of the problems of the brain-damaged child. The ways in which he is influenced by his environment and the treatment he gets are of vital importance. He is in need of emotional support above and beyond the requirements normal for his age. The brain-damaged child, in adapting to tasks, invariably regresses to a lower functional level. The lability of mood and the appearance of doing so well one day and being so difficult on another lead to the feeling that "he could do better if he would," which is false. Improper attitudes on the part of adults increase the child's anxiety and result in more disturbed behavior. On the other hand, smothering overprotectiveness deprives the child of the chance for relative self-sufficiency, and the child learns little. Overprotective parents are unable to exert effective and consistent discipline. This, coupled with organically induced difficulty in establishing internal controls, keeps the child perpetually infantilized and prone to tantrums, behavior that may be mistakenly regarded as intrinsic to his disease. In all these situations, *environmental pathology becomes the crucial determinant of the disturbances in behavior.*

EDWARD TULIS

NOTES AND COMMENTS

The Rev. Rollin J. Fairbanks, Associate Editor of this *Journal* and Professor of Pastoral Theology at the Episcopal Theological School in Cambridge, Massachusetts, has been awarded the honorary degree of Doctor of Divinity by The Church Divinity School of the Pacific, Berkeley, California. The award was made in recognition of Dr. Fairbanks' pioneering work in the field of pastoral care and clinical pastoral training, with special reference to the ministry to the sick.

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Chaplain William B. Spofford, Jr., of the Massachusetts General Hospital, Boston, has been appointed a part-time lecturer in Pastoral Theology at the Episcopal Theological School in Cambridge, for the academic year of 1957-58.

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Orlo Strunk, Jr., Executive Secretary of the Institute of Pastoral Care, Inc., for the past several years, has resigned from that position to become Associate Professor of Psychology, West Virginia Wesleyan College, Buckhannon, West Virginia. The Rev. Otis A. Maxfield has been elected Executive Secretary. The new address of the Institute is: 50 Elm Street, Springfield, Massachusetts.

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Fordham University held the second Institute for the Clergy on Problems in Pastoral Psychology June 24-28, sponsored by the Department of Psychology. Section I of the program was devoted to problems in marriage and family living; Section II, to sex development, pathology, and training; and Section III, to problems in childhood and adolescence.

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A 55-page booklet by Margaret E. Kuhn, *You Can't Be Human Alone,* a handbook on group procedures for the local church, published by the National Council of the Churches of Christ, New York, is available at 40 cents per copy.

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Saint Elizabeths Hospital, Washington, D. C., was host on February 13 to 75 representatives of the Woman's Society for Christian Service of the Methodist Church, Baltimore Conference, for a one-day Mental Health Institute.